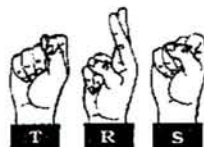# AMERICAN SIGN LANGUAGE
(Part 1)

II.   History of ASL

A. George W. Veditz, a deaf teacher--who became president of the National Association of the Deaf in 1904--said "As long as we have deaf people, we will have Sign Language."

B. Information collected through different centuries shows that Veditz was right. Throughout the centuries, wherever there have been deaf people, there have been sign languages that they or their ancestors developed. Why do deaf people develop and use sign languages, so they can effectively communicate with each other?

C. Languages do not have to be vocal-auditory; in fact, various scholars throughout the centuries have argued that the first languages used in pre-historic time were gestural languages. There is even evidence suggesting that the vocal apparatus necessary for speech did not develop until later. In any case, because deaf people do not hear, they therefore cannot effectively use a language composed of sounds and use a different kind of language better suited to their communicative needs, capabilities of the eyes.

D. Today's ASL evolved from the sign language of France by Thomas Hopkins Gallaudet and Laurent Clerc. Approximately 60% of ASL is of French origin. The communication mode of the deaf before 1817 was most likely home signs or gestures, which are signs invented by the people in the household.

III.   ASL's Recognition as a Language of its Own

A. ASL was ignored and dismissed by linguists who believed it was not a true language.

B. Dr. William C. Stokoe began an interest in sign language in the mid-1950's. He filmed different deaf people signing, and studied thousands of hours of sign language.

C. Stokoe discovered that ASL had points of contrast, syntactical patterns, and morphemes, which are involved with language. In 1960, Stokoe published his findings, which were largely rejected, even by some members of the Deaf community.

"Quality of Service Means Quality of Life."

AMERICAN SIGN LANGUAGE
(Part 1)

D. However, after Stokoe published another book in 1965, interest and acceptance of ASL as a native language exploded. The Deaf community was studied from linguistic, anthropological, psychological and sociological perspectives.

E. Linguists dismissed ASL as ungrammatical when translated to English; however, most languages, when compared to English word for word, appear to be ungrammatical.

F. ASL has a grammatical structure of its own. In fact, ASL has been identified as having the same grammatical structure as the Navajo and Aztec languages. It can contain abstract concepts.

IV. **Rules of ASL (as identified by Gallaudet Regional Center, Flagler College)**

A. *Location of pronouns*--Put people in "space" around signer, i.e. "He (point) told me she (point) will arrive late."

B. *Location/Direction of verbs*--Incorporate location of people ("space") by direction of verb, i.e. "You tell her what happened. I tell.. You tell me.."

C. *Directionality*--Use head position changes and shoulder shifts to show shifts in conversation when recounting a story.

D. *Eye Gaze*--Use to show who is talking. Use to convey qualities (i.e. height).

E. *Fronting for emphasis*--Put most important part of sentence first (or the part that you want to emphasize).

F. *Either or which*--Signed at the end of the thought.

G. *Conditional clauses*--They always receive result, never left "hanging," i.e. "I won't give you candy, if you won't go to bed."

H. *You*--You is signed at the end of the sentence in a question, plus head bent forward, i.e. (Are you) "ready for the test, you?"

I. *Pausing*--in a sentence tells meaning.

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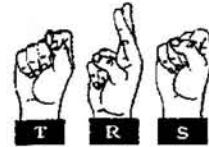
AMERICAN SIGN LANGUAGE
(Part 1)

J. *Facial expression*--is essential to convey meaning (normally present in voice inflection).

K. *Incorporation of manner*--Use the body to help convey meaning.

L. *Continuous aspect (Present Tense)*--Show progressive verb tense by signing verbs in circular motion, i.e. "I am reading the book" vs. "I read the book. (finish)".

M. *Incorporation of numbers and plural*--Incorporate number in the sign, i.e. "every three weeks" (circle) "two months" (finish). Use repetition in verb to show plural, i.e. "I gave the papers to three people." (Show giving to three. Don't sign "3.")

N. *Showing negatives by use of head shake*--Ex: "Last night I studied." (Shake head no.)

O. *Distinguishing noun from verb*--A noun is a more repetitive and shorter sign; a verb has more motion & longer sign. Examples: airport vs. fly; bed vs. sleep; glass vs. drink.

P. *No use of the infinitive*--Ex: "I want to go to the movies" = "I want go to the movies."

Q. *Time indicators*--Occur at the beginning of the thought, i.e. "Last Monday, I went bowling." Sign <u>down</u> (direction) for <u>every</u> Monday. Can sign "will" for future at the end of the thought, i.e. "Monday I go bowling, will."

R. *Finger spelling*--Done very fast. (Can't see all the letters, so learn to identify the movement.) Examples: back, job, car, what.

S. *Sign selection*--Choice of sign based on meaning (i.e. conceptually correct). Example: run (legs, pantyhose, management, engine, runny nose, etc.).

T. *Sign production*--Position, hand shape, movement and orientation.

U. *Signing space*--Use space around the body to convey meaning, i.e. "First I met Mary. Then we went to see Joe...."

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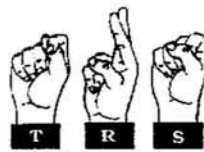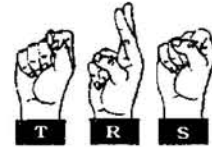
AMERICAN SIGN LANGUAGE
(Part 1)

V. Five Parameters of ASL

A. *Hand shape*--the way the hand is shaped and placed can change the word. NAME and TRAIN, PHONE and WRONG.

B. *Orientation*--how the two palms are located in relation to each other. HELP, SHOW, AGAIN

C. *Movement*--motioning forward indicates future and behind you indicates past. TOMORROW, YESTERDAY. Also, motion is important to determine behavior. LOOK can be signed in many different ways. (Glance, stare, look over a table, look all over a person, look repetitively.)

D. *Location*--where your hands are located in relation to your body. ROOSTER, LOUSY, ELEGANT (Also, explain how to distinguish between male and female signs.)

E. There is often a fifth parameter, non-manual expression. Some signs to distinguish differences between signs with the same parameters of movement, orientation, movement and location. SHY, SHAME, WHORE. Because this parameter cannot be expressed when typing on the TT/TTY, the intent of the message is more difficult to correctly understand.

VI. English Idioms vs. ASL Idioms

A. **Examples of English idioms and their meanings--look at the words literally!**

1. *Dead to the world*--fast asleep.
2. *Put (one's) foot in (one's) mouth*--to say or to do something inappropriate, causing embarrassment.
3. *Hear from the horse's mouth*--to hear something directly
4. *Get wind of*--to get news of, hear rumors about.
5. *Kick the bucket*--to die.
6. *Needle in a haystack*--something that will be difficult to find.
7. *Burst at the seams*--to be too full.
8. *Bull in a china shop*--to be very clumsy.
9. *Got a frog in (one's) throat*--to have to clear one's throat.
10. *Fall upon deaf ears*--to have spoken and not listened to.

AMERICAN SIGN LANGUAGE
(Part 1)

B. **Examples of ASL idioms and their meanings.**

1. *Think, zero, me!*--I can't think of anything, I know nothing about this.
2. *Train gone (zoom), sorry!*--I don't want to repeat this, I forgot what I just said.
3. *Finish, finish, please!*--All right, stop that, that's enough please!
4. *Man pop up, late*--The service man has not yet arrived.
5. *Think yourself!*--It's up to you, suit yourself.
6. *Hands off shoulders!*--It's not my problem, I'm not getting involved.
7. *Jaw drop*--I can't believe it.
8. *Pity zero, me!*--I don't feel sorry for you!
9. *Inform me, late you!*--You haven't told me about this yet.
10. *Succeed, finish me!*--I finally did it!

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AMERICAN SIGN LANGUAGE
(Part 2)

I.   **Evolution of ASL - Veditz to Present**

A.   In the early 20th Century, it was considered pleasing to have a Deaf person sign with his mouth closed, and his face with little expression. Today, the opposite occurs. Deaf people often move their lips to show strong expressions and use body language in order to communicate.

(Show Veditz's NAD videotapes to Preserve Sign Language, if available; this has signers like Veditz himself, Edward Miner Gallaudet, and other prominent figures in the Deaf community).

II.   **Is ASL the same throughout the country?**

A.   As in spoken language, ASL usage is various and depends upon the individual. Some deaf people are proud of their ASL skills. Others, with a good command of the English language, may show off their knowledge.

B.   Signers from other countries who learn ASL may still have an "accent" from their native Sign language. They would use native signs from time to time while using ASL, just as hearing foreigners would retain an accent from their home country.

C.   Just as someone from the Bronx would speak differently from someone with a Tennessee twang, each region of the United States may have different signs for the same word. The language stays the same in terms of grammatical rules but the actual sign may vary.

III.   **Syntax of ASL**

*Syntax has a range from simple to complex grammar.

A.   In English, sentences are mainly structured like modifier-subject-verb object (MSVO), but it is possible to have structures like SMVO, MSVO, and SVOM.

B.   In ASL, however, the word order depends on what is emphasized in the sentence. Usually, the word that is emphasized appears at the beginning of the sentence.
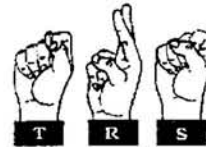
AMERICAN SIGN LANGUAGE
(Part 2)

C. In ASL, directional verbs describe nouns, subjects, and objects. Some directional verbs are classifiers, which are not used in English. (Give an example - car parked, driving, etc.) The Navajo also use directional verbs and move their arms while they talk.

D. Mentioning a certain word in past, present or future tense indicates time. Past tense is not expressed by "-ed".

   1. Boat me buy me (I bought a boat.)

   2. Yesterday boat red white me buy me (Yesterday, I bought a red and white boat.)

       a. Notice how the word "yesterday" was used to indicate past tense. The word "bought" was not used to indicate past tense.

E. The verb "to be" is not used.

   1. You pretty (You are pretty.)

   2. Tomorrow she race she (Tomorrow she will be in a race.) OR (Tomorrow she will run in a race.)

F. Commonly used words with different meanings depend on the content of the conversation.

   1. "Finish"

       a. School finish graduate me (School's over. I graduated.) OR (I graduated from school.)

       b. Bother finish (Stop bothering me.) OR (I've had enough of you bothering me.)

       c. Me finish touch Houston (I have been to Houston.) OR (I have visited Houston.) Notice the example shown above the use of the word "touch." This usually means it has been experienced.

       d. Finish! (That's it!)

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AMERICAN SIGN LANGUAGE
(Part 2)

2. "For for"

    a.   talk talk for for (Why are you talking so much?)

    b.   red faced for for (Why are you so embarrassed?)

G. Check for understanding activity. Ask class to work in teams of two and write their translation to the following ASL sentences:

(Write sentences - not answers - on flipchart)

1. Stay up all night for for? (Why did you stay up all night?)

2. Heard finish before you? (I've already heard that.)

3. I, I, I finish you. (Stop bragging.)

4. Laugh at me for for? (Why are you laughing at me?)

5. Inform you finish me. (I already told you.)

6. Time finish. (Time's up!)

IV.   How to Translate ASL to English and Vice Versa

A. As a relay agent, you will change the text you receive from the TT/TTY user into conversational English by:

1. Slightly changing the word order, as we have done in the previous examples.

2. Adding, deleting, or substituting "non-essential" words. However, be careful not to use bigger words to make it sound more impressive.

   Example: TT/TTY user: I ALREADY APPLIED FOR WORK AND NEED A JOB Voice - exactly as typed. DON'T change to "I'm checking on the status of my application."

3. Polishing and relaying the message in the way it was intended. KEEP THE SPIRIT OF THE MESSAGE!
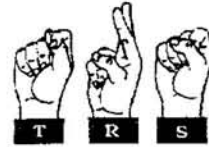
AMERICAN SIGN LANGUAGE
(Part 2)

4. Activity: *Attachment 7.1* - Put examples on overhead. Ask each table to work together to put into Conversational English. Then call on a table at random.

5. The relay message is voiced as it comes over the TT/TTY. You don't need to wait for the entire message as it appears.

B. If **you** do not understand the message, DO NOT second-guess! Read the message word for word. The voice caller may have a better understanding of the subject or the person's language than you do.

   1. Example: TT/TTY user types: MONEY TO PAY NOT FIRST NO WAY TO COME TO HERE GO OTHER PAY Q GA

   2. Voice caller may understand and reply, *"OK Dave, that is fine. So you will be paying me on the 15th, right?"*

C. If the **voice caller** did not understand the above TT/TTY statement, ask them to hold. Type to the TT/TTY user exactly what the voice caller said.

   1. Example: I DO NOT UNDERSTAND WHAT DO U MEAN GO OTHER PAY Q GA

   2. Put the control of explaining back to the TT/TTY user.

D. If a word is misspelled, but you can decipher it, do so. If you can't decipher it, in parenthesis, type to the TT/TTY user (WHAT MEAN _____ Q GA)

E. As a relay agent, you type exactly what the voice caller says back to the TT/TTY user. In your ears and out your fingers!

   1. This is referred to as "verbatim."
   2. The agent attempts to type every word said by the voice caller.
   3. If the voice caller is speaking too quickly, the agent tries to slow them down.

      a.   Use a phrase such as, *"I'm sorry, could you please slow down. It is important that I type everything you say."*

      b.   Then read the last sentence you typed.
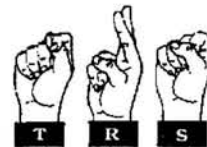
AMERICAN SIGN LANGUAGE
(Part 2)

c. Read the sentence at about the speed you are able to type it so the caller will have a better idea of how fast to talk.

d. When the voice customer takes a breath, this would be a good time to ask them to hold. It is a more natural break.

F. Activity: *Attachment 7.2* - Show overhead. Discuss with class how to put into Conversational English. (These are a bit more difficult.)

G. Activity: These samples are more difficult. Challenge the class to convert to Conversational English.

1. Write the phrases on the flipchart.

a. There Canada sheep many (Up in Canada, there are many sheep.)

b. Shock sheep me finish buy (I bought an electric blanket.)

c. Hearing aid dead shock zero. (Hearing aid battery is dead.)

2. Be sure to let the class know that this is not what they will see on a daily basis. Reinforce the idea that supervisors are there to help and support.

H. Activity: *Attachment 7.3* - Show overhead. Discuss with class how to put Conversational English into simpler terms that the TT/TTY user could understand.
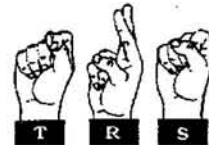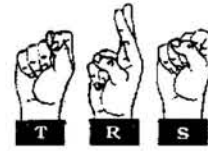
TTYPHONY & TT/TTY COURTESY

I. The First Teletypewriter (TT/TTY)

A. Robert Weitbrecht, a deaf physicist who built ham radios as a hobby, and James Marsters, a deaf orthodontist, were concerned about how they, as deaf people, could communicate over the phone.

B. In 1963, they experimented with teletypewriters at their own houses.

C. Weitbrecht developed an acoustic coupler in 1964 that allowed the teletypewriter to send audible signals to another teletypewriter over a telephone line.

D. Conveniently, many companies were getting rid of their teletypewriters, so surplus TT/TTYs were gathered and equipped with acoustic couplers and given to deaf people across the country.

II. Evolution of the TT/TTY to Today's Model, as written in the 1993 TDI Directory

A. In 1965-66, Weitbrecht formed R.H. Weitbrecht Company to sell TT/TTYs.

B. 1967 - R. H. Weitbrecht Company was renamed Applied Communications Company.

C. 1968 - 25 TT/TTY stations were in operation for/by the deaf nationwide.

D. 1971 - "Scanatype"--a digital readout version of TT/TTY--was introduced by ESSCO Communications.

E. In 1979, Telecommunications Device for the Deaf (TDD) was accepted as the appellation for all TT/TTY-like devices.

F. In 1985, Krown Research, Audiobionics, and Ultratec introduced new TT/TTYs. Most other companies dropped out of the market as competition for low-cost TT/TTYs began. Distribution programs further increased in Florida, Arizona, Nevada, Wisconsin, Illinois, Massachusetts and other states.

TTYPHONY & TT/TTY COURTESY

III.   Laws of Telecommunications Accessibility

A. In 1975, Congress passed Public Law 95-602, the Rehabilitation Act of 1973, which provided "reasonable accommodations" in Section 504 for people with disabilities. The 1978 regulations of this law specifically mention TT/TTYs among those "reasonable accommodations."

B. In 1983, Public Law 97-410 contained the Telecommunications for the Disabled Act of 1982, which provides for appropriate equipment to make telephones accessible to deaf people as a reasonable accommodation.

C. California, in 1980, was the first state to distribute TT/TTYs to all deaf citizens, and about 15 other states followed.

D. The ADA, Title IV, provides for intra- and inter-state access to relay services across the country, as well as international access.

IV.   TT/TTY Courtesy

Show TDI video "Using Your TTY/TDD."
**Demonstrate a TT/TTY-to-TT/TTY call.**

A. Things to remember, as identified by the Telecommunications for the Deaf, Inc. (TDI) in the 1993 TDI directory.

1. Always identify yourself immediately when you make or receive a TT/TTY call. Since the person on the other end cannot hear you in a telephone call, it is important and polite to do this.

2. Remember that TT/TTY calls take longer than voice calls. Before you make a business or long distance call, prepare what you plan to say and have any information that you will need handy for the call.

3. After you finish a call, be sure to turn your TT/TTY off and hang up the phone receiver or turn on the TT/TTY answering machine. If you forget to hang up the phone and someone else tries to call you, they will get a busy signal.

4. It is polite to type "Good bye," "So long," "Thanks again," or some other closing remark before you type "SK."

TTYPHONY & TT/TTY COURTESY

V. Development of Relay Service Market

A. In 1974, Converse Communications Center, Inc. started a relay service in Connecticut. David Yoreo, a hearing man, made deaf friends at his church and realized that a relay service would help, so he established TT/TTYs in his home and office. His family relayed calls from the office during the day and from home at night.

B. In 1975, Ben Soukup, a deaf man, started a statewide, 24-hour a day service in South Dakota funded by the state vocational rehabilitation service.

C. There is still an ongoing controversy about who established the first 24-hour, 7-days-a-week relay service, Connecticut or South Dakota. Connecticut was first. South Dakota was the first relay service founded by a Deaf person.

D. 1987 - California opened the first statewide, 24-hour-a-day, 7-days-a-week relay service funded by a phone company (AT&T). The service in California became a Sprint relay service in 1992.

E. By 1992, 49 states and the District of Columbia had telecommunications relay services.

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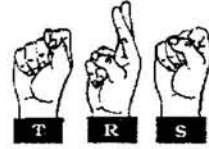
HARD-OF-HEARING CUSTOMERS & LATE DEAFENED ADULTS

I. Characteristics of Hard-of-Hearing Customers

A. Out of 24 million people with hearing loss in the United States, 22 million are hard-of-hearing or late deafened.

B. The main difference between profoundly deaf people and hard-of-hearing people is that the latter have some residual hearing, which means they can or may be able to benefit from hearing aids either in the ear, in the canal, or behind the ear.

C. Most hard-of-hearing customers grew up learning spoken English rather than sign language and they may prefer to use Voice Carry Over (VCO) as most of them can speak very well.

D. Hard-of-hearing customers may not be familiar with TT/TTY etiquette. They may have never used a TT/TTY and may feel uncomfortable using one.

II. Assistive Devices for Hard-of-Hearing Customers

A. Internal loop system

B. Hard-of-hearing customers may also use TT/TTYs, closed-captioned TVs, and light systems.

C. Cochlear implant

D. Telephone amplifier

E. T-coil in hearing aid for use with hearing-aid compatible telephone using electromagnetic induction, FM systems, infrared systems, televisions, and cassettes.

III. Establishment of the Self-Help for the Hard of Hearing (SHHH)

A. In 1979, Rocky Stone, a hard-of-hearing man, established SHHH for hard-of-hearing people who were not Deaf and not involved with Deaf culture.

B. The organization grew to have a national office in Bethesda, MD, a board of trustees, 270 chapters in 48 states and 17,000 members.
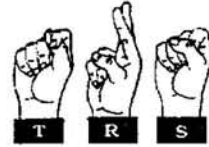
HARD-OF-HEARING CUSTOMERS & LATE DEAFENED ADULTS

C. SHHH provides information on all areas of hearing loss, technology to help the hard-of-hearing, legal rights, family issues, and so on. It also pushes for the implementation of the ADA and other key legislation.

D. SHHH's philosophy is that given enough information, a consumer with a hearing loss can live up to his/her potential.

IV. **Relaying for Hard-of-Hearing Customers**

A. Some hard-of-hearing customers prefer to use VCO, since they grew up speaking and want to continue speaking on the telephone.

B. Hard-of-hearing customers may make a lot of calls on the job and they need agents to be efficient go-betweens on such calls.

C. If a hard-of-hearing person is calling someone on a TT/TTY, it is important for the agent to speak clearly and at a slower pace and with a stronger tone. It is not necessary to speak louder because it often does not help.

D. It is important to be patient. Some hard-of-hearing people have lost some of their remaining hearing, so it is frustrating to adjust to using the relay rather than making voice calls directly.

V. **Characteristics of Late Deafened Customers**

A. May not be familiar with TT/TTY etiquette. They may feel displaced and face discrimination.

B. Grew up in hearing culture. A late deafened person may feel displaced and face discrimination.

C. Example: Dr. I. K. Jordan, President of Gallaudet University, became deafened after a motorcycle accident at the age of 21. He went on to graduate from Gallaudet College.

D. Many late deafened adults became deaf from head injuries, toxicity, neurofirbromatosis type 2, Meniere's syndrome, presbycusis, acoustic neuromas, heredity, adverse drug reactions, aging and progressive loss for unknown reasons.

HARD-OF-HEARING CUSTOMERS & LATE DEAFENED ADULTS

E. Late deafened adults are often culturally hearing, but are audiologically deaf. Even though some of them learn sign language, all of them have learned how to speak and often still have the ability to speak clearly.

VI. **Establishment of the Association of Late Deafened Adults (ALDA)**

    A. ALDA was founded in 1987 by 13 late deafened adults at a Chicago party. It has grown to 2,000 members in the United States, Canada, and several countries around the globe.

    B. Marylyn Howe founded the first ALDA chapter outside Chicago in1989 Boston.

    C. ALDA provides support and education to late deafened adults and their families and helps them cope with the changes in their lives resulting from their hearing loss.

VII. **Relaying for Late Deafened Customers**

    A. Some late deafened adults, as well as hard-of-hearing customers, use computers with interactive systems. They may use emoticons (emotions + icons) to show emotions. For example, a smile may be shown with :).

    B. Relaying for late deafened customers is basically the same as relaying for hard-of-hearing customers, be sure that you relay what the other party says verbatim. Late deafened adults grew up in the hearing world, and expect to be spoken to as if they were still hearing. Try not to shorten or change words in any way. This is true for all customers unless otherwise instructed.
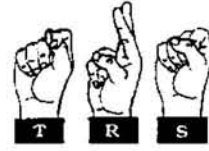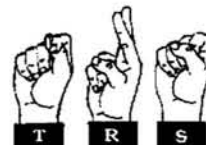
DEAF/BLIND, SPEECH-IMPAIRED, SPANISH-SPEAKING, AND HEARING CUSTOMERS

I. **Characteristics of Deaf/Blind Customers**

    A. Dual disability

    B. Use Helen Keller as an example. Even though Helen Keller is the most famous deaf/blind person in American history, she ironically helped blind people, not deaf/blind people. She was against the use of sign language to communicate.

    C. Problems with communications and mobility. Most deaf/blind customers sign and finger spell to communicate. They also use Braille to read.

    D. Approximately 40,000 people are deaf/blind in the United States.

    E. About 20,000 to 25,000 deaf/blind people have Usher's Syndrome

        1. Usher's Syndrome is a condition in which a person is usually born deaf and gradually becomes blind over his lifetime. His eyesight shrinks like tunnel vision until nothing can be seen.

        2. Age of total blindness varies. A small percentage lose their eyesight in their twenties. Though most become totally blind during their thirties or forties, a few have good eyesight until their sixties or seventies.

    F. The American Association of the Deaf/Blind was founded in 1937 as a correspondence club, but has become an advocacy group with about 600 members.

II. **Assistive Devices for Deaf/Blind Customers**

    A. TeleBraille TT/TTY System - there are only 250 TeleBraille machines existing in the United States, since it costs $5,500.

    B. Large print device to connect to TT/TTYs.

    C. Large visual display connected to a TT/TTY.

DEAF/BLIND, SPEECH-IMPAIRED, SPANISH-SPEAKING, AND HEARING CUSTOMERS

III. Relaying for Deaf/Blind Customers

A. In the case of a customer using a TeleBraille TT/TTY, it is crucial that the agent types slower. The customer may be typing quickly to the agent, but the TeleBraille machine requires the information it receives to come in at a much slower pace.

B. To remind yourself to type slowly, follow these guidelines:

1. After each word is typed, count to 3 before typing the next word.
2. After each word is typed, take a breath before typing the next word.

C. Be patient. These calls may require more time, but remember how important each and every customer is to Sprint relay. You are instrumental in providing equal access to all citizens.

D. Since most deaf/blind customers don't have TeleBraille machines, they may use relay interpreters who are deaf and utilizes a TT/TTY to call through the relay for them. Be sure to type slowly and clearly so that the deaf interpreter can get the message across. Again, this requires a lot of patience. In such a case, deaf/blind customers will usually inform the agent that an interpreter is present.

### IV. Characteristics of Speech-Impaired Customers

A. Speech-impaired customers usually are hearing and simply have the inability to speak clearly.

B. Show video tape, if possible.

V. Assistive Devices for Speech-Impaired Customers

A. HCO

VI. Relaying for Speech-Impaired Customers

A. Most speech-impaired customers have normal hearing, and would prefer to use HCO (Hearing Carry Over). They type to the agent, and hear what the other person says. This requires time and patience when switching back and forth.
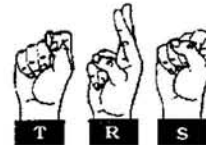
DEAF/BLIND, SPEECH-IMPAIRED, SPANISH-SPEAKING, AND HEARING CUSTOMERS

VII.   Relaying for Spanish-Speaking Customers

A.   When a Spanish-speaking customer calls, type or say, "Un momento por favor" (one moment please), and proceed to transfer the call to a Spanish-speaking agent.

B.   If the originator of the call wants to disconnect the call, say or type "Perdone la llamada" (excuse the call).

C.   If the originator of the call wants to be transferred to a bilingual agent and one isn't available at the moment, type or say, "Llamaremos en un momento con una operadora espano. Adios."

D.   If the originator of the call speaks English and is using voice, and someone answers the TT/TTY in Spanish, the same Spanish phrase above will be used.

VIII.   Relaying for Hearing Customers

A.   Some hearing customers are reluctant when using the relay. They may not have used the relay before or think it's a salesperson. Be patient with them and be sure to explain clearly what the relay service is. Some hearing people think the relay service is remarkable, but some others may think it is a waste of time.

B.   Voice inflection is very important to the hearing customer. A monotone voice sounds like a computer and is confusing to the customer unfamiliar with relay. Using a conversational tone and good pacing will facilitate a smooth relay call.

Appendix E

Minnesota Relay Confidentiality Agreement

CONFIDENTIALITY AGREEMENT/CODE OF ETHICS
Minnesota Relay/CSD

I, the undersigned employee of Minnesota Relay, recognize the serious and confidential nature of this job and therefore promise in all good faith and conscience to abide by the following guidelines:

1. Under no circumstances will I disclose to any individual the identity of any caller or information I may learn about a caller while relaying his/her conversations.

2. Under no circumstance will I disclose to any person the names, schedules, or personal information of any past or present fellow employee working at Minnesota Relay.

3. I will not act on any information I have received from a relay call.

4. In the event of my withdrawal, resignation, or termination; I will continue to hold in the strictest confidence all information related to the work I have performed for Minnesota Relay.

5. I agree not to use knowledge, information, or communication gained during any work or assignment by Minnesota Relay to secure or gain any other job or contract-either directly or indirectly, orally or in writing-with any relay service provider other than Minnesota Relay.

6. I shall continually keep all assignment and related information strictly confidential.

7. I shall render relay conversations faithfully always conveying the content and spirit of the speaker using the language that is most readily understood by person(s) involved, and rendering the communication in its exact form and content.

8. I shall not counsel, advise, or interject personal opinions on any relay call at any time.

9. I will not reveal my CA number along with my name at any time.

I have read the foregoing, and agree to abide by all of its provisions.

_____

Printed Name of Employee

_____   _____

Signature of Employee   Date

_____

Minnesota Relay Authorized Representative

Appendix F

Sprint's Disaster Recovery Plan

Sprint's comprehensive Disaster Recovery Plan developed for the Minnesota Relay details the methods Sprint will utilize to cope with specific disasters. The plan includes quick and reliable switching of calls, network diagrams identifying where traffic will be rerouted if vulnerable circuits become inoperable, and problem reporting with escalation protocol. Besides service outages, Minnesota Relay's Disaster Recovery Plan applies to specific disasters that affect any technical area of Sprint's Relay network.

The first line of defense against degradation of the Minnesota Relay is the Intelligent Call Router (ICR) technology that Sprint employs. During a major or minor service disruption, the ICR feature bypasses the failed or degraded facility and immediately directs calls to the first available agent in any of Sprint's eleven fully inter-linked TRS Call Centers. State-specific call processing software resides at each of Sprint's Relay Call Centers. Communications Assistants (CAs) are trained in advance to provide service to other States; the transfer of calls between centers is transparent to users.

Beyond the ICR, Sprint's Disaster Recovery Plan details the steps that will be taken to deal with any problem, and restore the Minnesota Relay to its full operating level in the shortest possible time.

Minnesota Notification Procedure

To provide the Minnesota Relay administrator with the most complete and timely information on problems affecting their TRS, the trouble reporting procedure includes three levels of response:

- A 3-hour verbal report
- A 24-hour status report
- A comprehensive final report within 5 business days.

Sprint will notify the Minnesota Relay administrator within three hours if a service disruption of 30 minutes or longer occurs. For service disruptions occurring outside normal business hours, the initial report will be provided by 8:30 AM on the next business day. This initial report will explain how the problem will be corrected and an approximate time when full service will be restored. Within 24 hours of the service disruption, an intermediate report provides problem status and more detail of what action is necessary. In most cases, the 24-hour report reveals that the problem has been corrected and that full service to the Minnesota Relay center has been restored. The final comprehensive written report, explaining how and when the problem occurred, corrective action taken, and time and date when full operation resumed will be provided to the Minnesota Relay administrator within five business days of return to normal operation. Examples of service disruption to the Minnesota Relay include:

- ACD failure or malfunction
- Major transmission facility blockage

- Threat to Minnesota CAs safety or other CA work stoppage
- Loss of CA position capabilities.

Performance at the Minnesota Relay center is monitored 24 hours a day, seven days a week from Sprint's Enhanced Services Operation Control Center (ESOCC) in Overland Park, KS.

Disaster Recovery Procedures

If the problem is within the Minnesota Relay center, maintenance can usually be performed by the on-site technician, with assistance from Sprint's ESOCC. If the problem occurs during non-business hours and requires on-site assistance, the ESOCC will page the technician to provide service remedies. Sprint retains hardware spares at each center to allow for any type of repair required, without ordering additional equipment (except for complete loss of a center).

Time Frames for Service Restoration

Complete or Partial Loss of Service Due to Sprint Equipment or Facilities

- **Sprint Call Center Equipment**—A technician is on-site during the normal business day. The technician provides parts and / or resources necessary to expedite repair within two hours. Outside of the normal business day a technician will be on-site within four hours. The technician then provides parts and /or resources necessary to expedite repair within two hours.

- **Sprint or Telco Network Facilities**—For an outage of facilities directly serving Minnesota Relay, incoming TRS calls will immediately be routed to one of ten other centers throughout the US; no calls will be lost. Repair of fiber or network facilities typically requires less than eight hours.

- **Due to Utilities or Disaster at the Center**—Immediate rerouting of traffic occurs with any large-scale center disaster or utility failure. Service is restored as soon as the utility is restored, provided the Sprint equipment has not been damaged. If the equipment has been damaged the service restoration for Sprint equipment (above) applies.

- **Due to Telco Facilities Equipment**—A Telco equipment failure will not normally have a large effect on TRS traffic within the state unless it occurs on Telco facilities directly connected to the Minnesota Relay center. In this case, normal Sprint traffic rerouting will apply.

For a failure at a Telco central office in Moorhead, for example, only Moorhead residents would be affected until the Telco has performed the necessary repairs. For situations like

this, it will be at Sprint's discretion to dispatch a technician. The normal Telco escalation procedures will apply. The Telco escalation process is all during the normal business day; therefore, a trouble may be extended from one day to the next.

Trouble Reporting Procedures

The following information is required when a Minnesota Relay user is reporting trouble:

- Service Description ("Minnesota")
- Callers Name
- Contact Number
- Calling to/Calling from, if applicable
- Description of the trouble.

Service disruptions or anomalies that are identified by Minnesota Relay users may be reported to the Sprint Relay Customer Service number (800-877-0996) at any time day or night, seven days a week. The customer service agent creates a trouble ticket and passes the information on to the appropriate member of Sprint's maintenance team for action. Outside the normal business day, the ESOCC will handle calls from the customer service agents 24 hours a day, 7 days a week. The maintenance team recognizes most disruptions in service prior to customers being aware of any problem. Site technicians are on call at each of Sprint's 11 TRS Call Centers to respond quickly to any event, including natural disasters.

Mean Time to Repair (MTTR)

MTTR is defined and detailed in Tables A-1 and A-2:

Table A-1   Time to Investigate + Time to Repair + Time to Notify

Time to Investigate	The time needed to determine the existence of a problem and its scope.
Time to Repair	Repair time by Field Operations plus LEC time, if applicable.
Time to Notify	From the time repair is completed to the time the customer is notified of repair completion.

Table A-2 Current MTTR Objectives

Switched Services	8 Hours
Private Lines	4 Hours (electronic failure)
Fiber Cut	8 Hours

Sprint's Mean Time to Repair is viewed from the customer's perspective. A critical element in the equation is the Time to Notify, because Sprint does not consider a repair complete until the customer accepts the circuit back as satisfactory.

Escalation Procedures

If adequate results have not been achieved within two hours, the Minnesota Relay user may escalate the report to the next level. Table A-3 details the escalation levels.

Table A-3 Escalation Levels

Escalation Level	Contact	Phone
2	Regional Maintenance Manager	Office Phone Number (913) 315-8047 Pager – 800-724-3329, Pin 3856901 (Numeric) Pager – 800-724-3508, Pin 3856901 (text)
3	Senior Manager, Technical Staff	Office Phone Number (913) 315-7788

Service Reliability

Sprint's service is provided over an all-fiber network with digital switching, architecture and sophisticated management control. These elements are combined to provide a highly reliable, proven, and redundant network. Survivability is a mandatory objective of the Sprint network design. The Sprint network minimizes the adverse effect of service interruptions due to equipment failures or cable cuts, network overload conditions, or regional catastrophes.

A 100 percent fiber-optic network, with significant fiber miles in Minnesota, provides critical advantages over the other carriers. These advantages include:

- **Quality**
  Since voice or data are transmitted utilizing fiber optic technology, the problems of outdated analog and even modern microwave transmission simply do not apply. Noise, electrical interference, weather-impacting conditions, and fading are virtually eliminated.

- **Economy**

  The overall quality, architecture, and advanced technology of digital fiber optics makes transmission so dependable that it costs us less to maintain, thereby passing the savings onto our customers.

- **Expandability**

  As demand for network capacity grows, the capacity of the existing single-mode fiber can grow. Due to the architecture and design of fiber optics, the capacity of the network can be upgraded to increase 2,000-fold.

- **Survivability**

  Network survivability is the ability of the network to cope with random disruptions of facilities and/or demand overloads. Sprint has established an objective to provide 100 percent capability to reroute backbone traffic during any single cable cut. This is a significant benefit to Minnesota, and a competitive differentiation of the Sprint network.

Currently, Sprint has over 23,000 miles of its fiber network in place and in service, with a fiber point of presence (POP) in every Local Access Transport Area (LATA). The five LATAs in Minnesota are served by five Sprint POPs. There are plans for additional fiber mileage, additional POPs, and added route diversity. There are more than 300 POPs in service on the network. With five POPs in the state, all areas will be adequately serviced by Sprint.

Switched services are provided via 49 Northern Telecom DMS-250/300 switches at 29 locations nationwide. Three DMS-300s located at New York, NY; Fort Worth, TX; and Stockton, CA, serve as international gateways. The remaining 46 switches provide switching functions for Sprint's domestic switched services. The Minnesota Relay is primarily served by the DMS switch located in St. Paul, with other diversely located facilities also serving Minnesota.

Interconnection of the 49 switches is provided in a non-hierarchical manner. This means that inter-machine trunk (IMT) groups connect each switch with all other switches within the network. Each of these IMT groups is split and routed through the Sprint fiber network over SONET route paths for protection and survivability. As an extra precaution to preclude any call blockage, Dynamically Controlled Routing (DCR) provides an additional layer of tandem routing options when a direct IMT is temporarily busy.

Reliability is ensured through a corporate commitment to maintain or surpass our system objectives. Beginning with the network design, reliability and efficiency are built into the system. Sprint continues to improve the network's reliability through the addition of new technologies such as Digital Cross-connect Systems, SONET, and Signaling System 7.

The effectiveness of this highly reliable and survivable network is attributed to the redundant transmission and switching hardware configurations, SONET ring topology,

and sophisticated network management and control centers. These factors combine to assure outstanding network performance and reliability for Minnesota.

Network Criteria

System Capacity

The Sprint network was built with the capacity to support every interLATA and intraLATA call available in the US. With the continuing development of network fiber transmission equipment to support higher speeds and larger bandwidth, the capacity of the Sprint network to support increasing customer requirements and technologies is assured well into the future.

Service Restoration

Sprint provides for the restoration of service in the event of equipment malfunctions, isolated network overloads, major network disruptions and national/civil emergency situations. In the event of service disruption due to Sprint's equipment, service typically is restored within four hours after notification. Sprint does everything possible to prevent a total outage at its switch sites or at any of its' POPs through the use of advanced site designs. All processors, memory, and switch networks within our switches are fully redundant. All switch sites are protected by uninterruptible power supplies and halon systems planned in conjunction with local fire departments. Most of our new sites are earth sheltered to increase survivability. A multi-pronged program is used to minimize outages:

1. Do everything possible to minimize the impact of a "single point of failure." This includes:

   - Diversification of all facilities demands between switch sites. All switch sites are connected to the long haul network over at least two separate Sprint fiber routes; many have three paths.
   - Deployment of multiple switches at large switching centers. This prevents a single switch outage from disabling the site.

2. Have systems in place allowing for the rapid redeployment of network resources in case of a catastrophic outage. Fiber cuts, which can affect thousands of calls at several locations, are sometimes unavoidable. Response to these outages is maximized through the following procedures:

   - Utilization of established plans to respond effectively to these outages.
   - The capability to rapidly deploy network transmission facilities when needed.
   - Immediate execution of alternate routing in the digital switches and cross-connect systems to assist in the handling of temporary network disruptions and forced overloads.

The entire spectrum of survivability needs, expectations, and requirements can be met by the proper engineering of customer and Sprint switches and facilities.

Fiber Backbone Loop Topology and Reconfiguration

Fiber optic cable routes are designed to include redundant capacity to insure survivable fiber optic systems. Sprint's SONET network, using four fiber bi-directional line switched ring capability, allows automatic switching to alternate paths to provide for traffic rerouting in the event of a route failure. The SONET fiber optic backbone topology is currently designed with more than 100 overlapping rings to ensure sufficient alternate paths for total network survivability. Five operating SONET rings currently serve Minnesota, with ring augmentation planned for 2003-2004.

Sprint Route Outage Prevention Programs

Call Before You Dig Program
This program uses a nationwide 1-800 number interlinked with all local/state government utility agencies as well as contractors, rail carriers, and major utilities. Sprint currently receives in excess of 60,000 calls per month for location assistance over the 23,000-mile fiber network.

Awareness Program
This Sprint program proactively contacts local contractors, builders, property owners, county/city administrators, and utility companies to educate them on Sprint's cable locations and how each can help eliminate cable outages.

Route Surveillance Program
This is a Network Operations department program using Sprint employees to drive specific routes (usually 120 miles) and visually inspect the fiber cable routes. This activity is performed an average of 11.6 times per month or approximately once every 2-3 days.

Technician Program
Technicians are stationed at strategic locations and cover an area averaging 60 route miles. Each technician has emergency restoration material to repair fiber cuts on a temporary basis. Other operations forces within a nominal time frame accomplish total repair.

Fiber/Switch Trending Program
This includes a weekly summary of equipment failure events highlighting bit error rate (BER) and cable attenuation. As a result, Sprint identifies potential equipment problems and monitors performance degradation to establish equipment-aging profiles for scheduled repair, replacement, or elimination. Aging profiles are computer-stored representations of the characteristics of a fiber splice. The profile is stored at the time the splice is accepted and put into service. A comparison of the original profile and current

profile are compared for performance degradation. Maintenance is scheduled based on this type of monitoring.

Network Management and Control Systems

The Sprint network is managed and controlled by a National Operations Control Center (NOCC) located in Overland Park, KS. As a back up, a secondary NOCC is located in Lenexa, KS. The NOCC is designed to provide a national view of the status of the network as well as to provide network management from a centralized point. The NOCC interfaces with the Regional Control Centers (RCCs) to obtain geographical network status. The RCCs are responsible for maintenance dispatch and trouble resolution, and are designed to provide redundancy for each other and back-up status for the NOCC.

The NOCC and RCC work closely with the ESOCC in cases where a network problem may affect Minnesota operations. In cases such as these, the NOCC or RCC immediately alerts the ESOCC of the situation so that appropriate steps can be taken to minimize service impacts. The NOCC and RCCs also serve as reference points for the ESOCC when problems are detected in the TRS center that are not the result of internal center operations.

Network Management

Commitment to a digital fiber optic network permits Sprint to use a single transmission surveillance protocol to integrate internal network vendor equipment. This enhances Sprint's ability to automate and provide preventive, near real-time detection and isolation of network problems. The controlling principle is identification and correction of potential problems before they affect the Minnesota call capabilities.
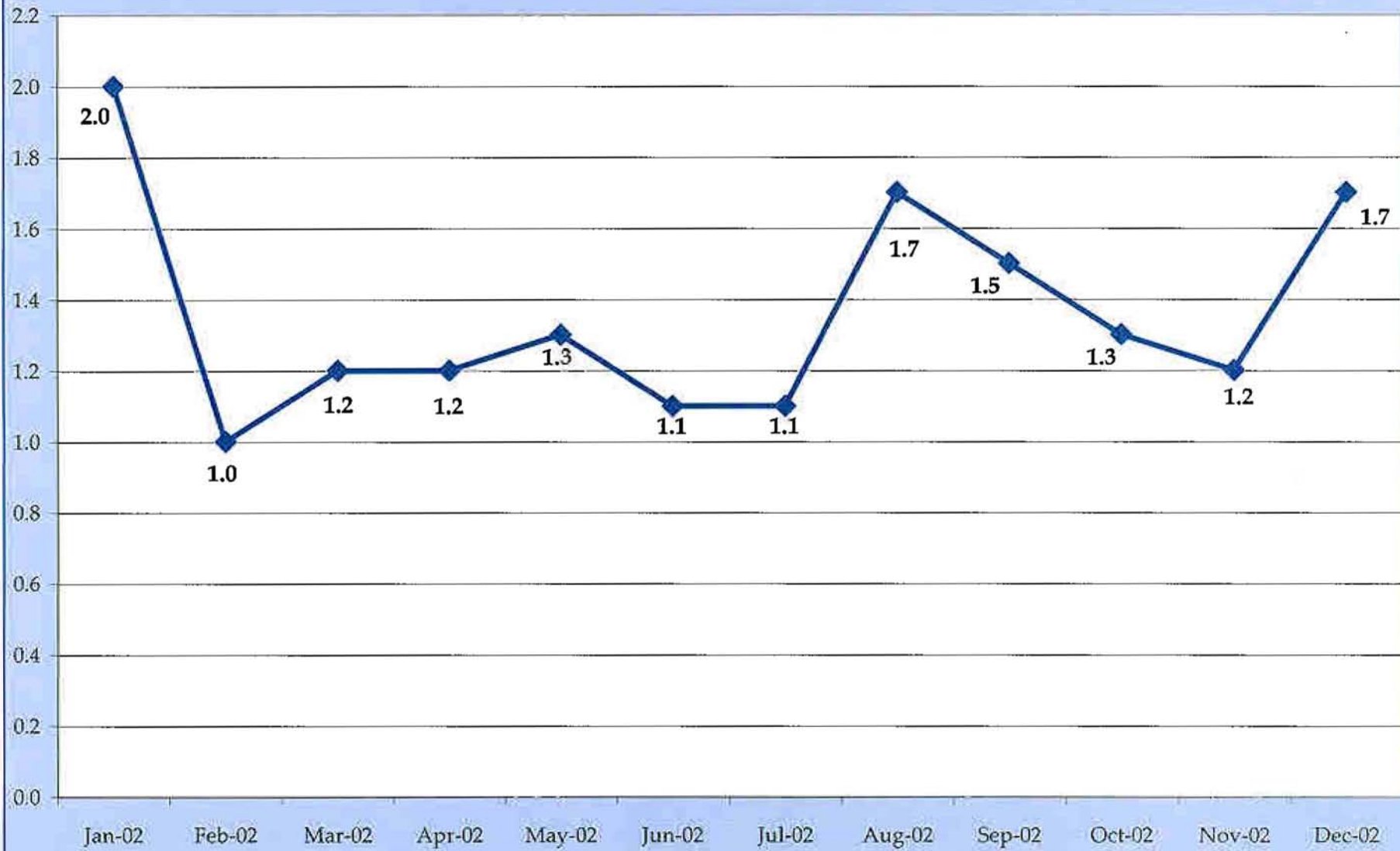
Sprint divides the major functional responsibilities, facilities maintenance and network management, into a two-level organization which maximizes network efficiencies and customer responsiveness. The first level consists of the RCCs located in Atlanta and Sacramento. RCC personnel focus on the performance of individual network elements within predetermined geographical boundaries. The second level is the NOCC in Kansas City that oversees traffic design and routing for Sprint's 23,000-mile fiber optic network and interfaces.

This two-level operational control organization, combined with architectural redundancies in data transport and surveillance, control and test systems, ensures an expedited response to potential problems in both switched and private line networks.
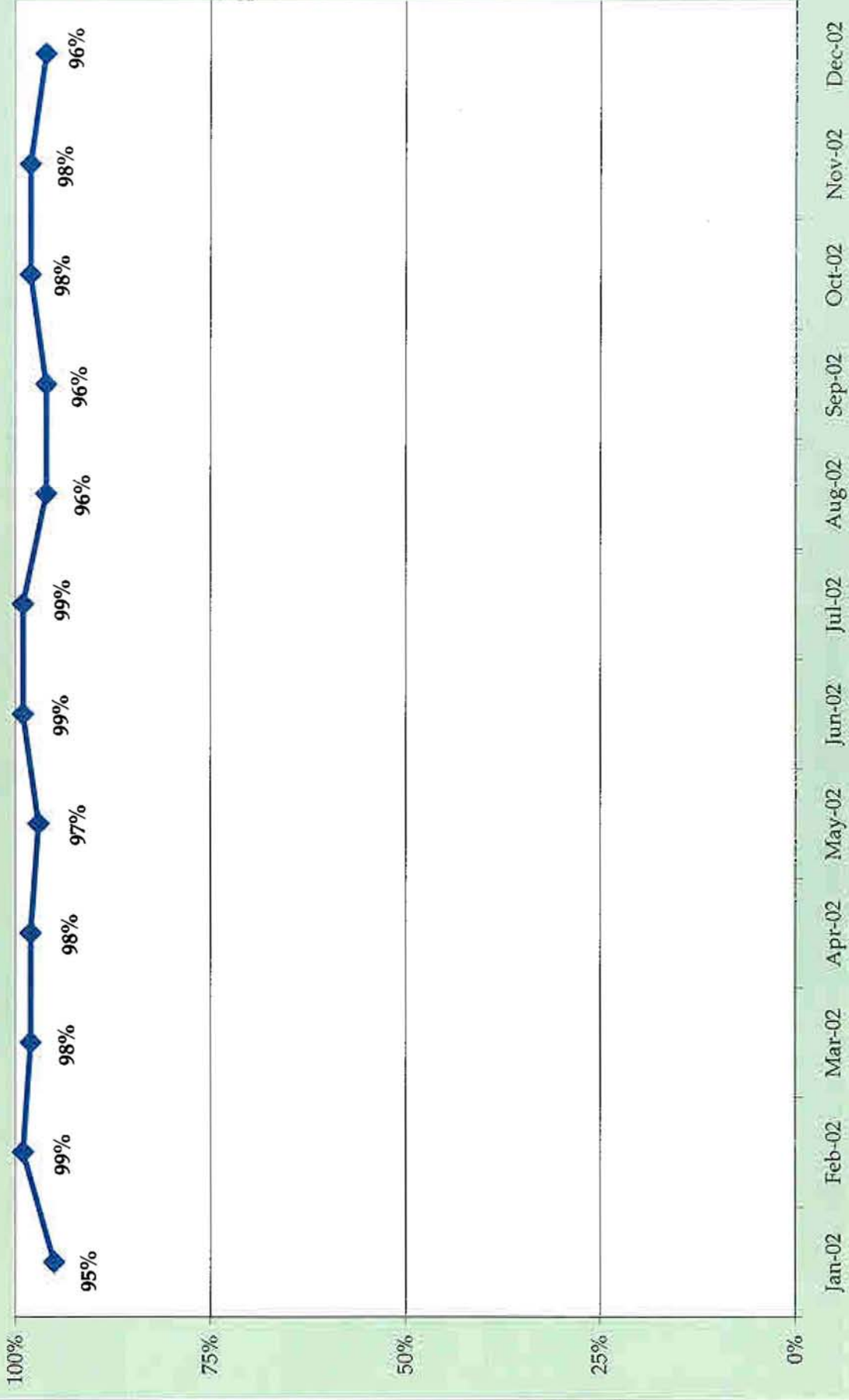
Appendix G

Monthly Average Speed of Answer
and Service Level

Weighted Average Speed of Answer

Month	Value
Jan-02	2.0
Feb-02	1.0
Mar-02	1.2
Apr-02	1.2
May-02	1.3
Jun-02	1.1
Jul-02	1.1
Aug-02	1.7
Sep-02	1.5
Oct-02	1.3
Nov-02	1.2
Dec-02	1.7

Service Level

Month	Service Level
Jan-02	95%
Feb-02	99%
Mar-02	98%
Apr-02	98%
May-02	97%
Jun-02	99%
Jul-02	99%
Aug-02	96%
Sep-02	96%
Oct-02	98%
Nov-02	98%
Dec-02	96%

Appendix H

Minnesota Relay Print Ads

Hockey Rebound

I recently read the letters to the editor in your December 2001 issue. The two conservative puppets who complained about the excellent and extremely accurate article on Ralph Engelstad ("Rink Rat," October 2001) are wrong. I happen to be an alum of the University of North Dakota and am very embarrassed that the best facility on the campus where I spent thousands of dollars [being educated] is now a hockey rink. Many friends and classmates that I am still in contact with feel the same way. I will never give a penny of support to the university again, let alone send our children to a hockey tech school. And regarding Mr. Strinden's naive and terribly insensitive statement that the Nazi birthday party was a mere spoof—I fail to find humor in anything relating to Adolf Hitler or anything that is connected to him and his followers.

JEFF OBERLANDER
Minneapolis

MN Faves

I have never felt more proud to be a Minnesotan than after reading your latest issue ("158 Minnesota Favorites," March 2002). One argument I have, however, is that Grandma's Marathon in Duluth is, in my opinion, more beautiful than the Twin Cities Marathon. Sorry, Twin Cities. I am a true northern Minnesotan!

TERA CARPENTER
Rochester

Omission: The photo credit for Steve Niedorf was omitted from the first set of Chef Cards (March 2002). Look for the second set, also photographed with imagination and style by Niedorf, in this month's *Twin Cities Taste*, included with this issue. MM

CIDNY - Cont. from p. 1

few weeks. First, in the initial days following September 11, many people with disabilities who live in the subsidized housing in Battery Park (near the WTC) had problems evacuating. Many buildings lost power and some disabled residents stayed in their apartments waiting for someone to come and rescue them.

People were afraid to open their windows because of the toxic fumes and asbestos released by the collapse, and were afraid to go out in the hallways of their buildings because there was no electricity. One example was an 86-year-old woman who is post-polio. She waited with no electricity and little food in her refrigerator through the first 24 hours. Finally, she opened her window and hollered for anyone who could hear. A fireman at ground zero saw her and came with four of his colleagues to take her out of the building. She did what she could, says Neuhof. People with disabilities have been told when something happens to stay in place. They need to learn to take more responsibility.

NYSILC's Williams seconds this: Lesson one, be involved in your community's emergency evacuation plan.

Checking in is a theme that pervades the second phase. People with disabilities depend on routine, and their daily routines have been severely disrupted Attendant care was interrupted in some cases because of disruptions in transportation or due to roads being blocked to anyone but emergency workers. Interruptions also occurred when some people needing attendant care were relocated to temporary housing.

Neuhof facilitates a support group for people who have survived and are dealing with the aftermath. They feel a sense of isolation, she says,

adding, "They say, 'No one came looking for me, no one called.'" The group members have begun setting up their own registry to help keep in touch and keep track of people in case something else happens.

Neuhof says the third phase, the long-term impact, is just beginning to become apparent. People who had respiratory conditions before are finding them exacerbated by all of the chemicals in the air. "You can still smell the smoky, chalky odor at night," Neuhof says, adding, "Some people are having to be hospitalized as a result." Then there are those who are newly disabled with injuries from falls, burns, blows to the head, amputations; for these people, the long-term impact is yet to be seen.

A Double Whammy

Williams says people with disabilities have been given a double whammy. First the attack on the WTC and now, "Governor Pataki wants to cut the budget for the network of New York CILs by $1 million this legislative session," at a time when the need for service is increasing.

There is another concern expressed by Barbara Knowlen, an advocate who lived in Minnesota before moving to New York two years ago. Based on her experience with the Minnesota and North Dakota floods, she noted, "I am concerned that standard 'helping' agencies will not consider the independence of people with disabilities and will place individuals in nursing homes as an expedient solution." She adds, "Even though the floods were nowhere near the magnitude of the WTC disaster, it took the Independent Living Centers in the Grand Forks and Fargo areas over two years to find all the people relocated to institutions and nursing homes across the country."

In the days following the attack, organizations and individuals across the country reached out to help. The Eastern Paralyzed Veterans Association sent medical supplies and contacted other organizations, for contributions as well.

An organization in Illinois, called Seeds of Hope, made buttons with flags and ribbons on them. They sold the buttons and made $1500. When they called CIDNY and said they wanted to contribute the money to a family, Neuhof had just the right one. "A mother and her 16-year-old daughter who has spina bifida home in Battery Park. They were given vouchers by the Red Cross to find alternative housing," she explains. They also have a dog, which made it difficult to find a hotel. Finally, they found one, but the room cost $150 per night. CIDNY connected Seeds of Hope with this family. "They have continued to communicate and even more than the money, the family says they appreciate the organization's members sending cards and letters and calling to check in," says Neuhof.

In the wake of the events of September 11, the intensity of life in New York for people with disabilities has stayed at a high level. "We aren't just living this disaster every day, we're working it too," says Neuhof. She says the staff at CIDNY are taking care of themselves as well. They've formed a peer support group and have brought in a therapist to assist the staff in dealing with their own issues resulting from the attack. ■

If you wish to contribute to CIDNY, call (212) 674-2300 or write The Center For The Independence Of the Disabled in New York (CIDNY) at 841 Broadway, Suite 205, New York, NY, 10003.

New 711 Phone Service: Telecommunications Relay Services

On October 1, our country began a new era of telephone access. That is the day the familiar calling shortcuts of 911 and 411 were joined by 711, the new three-digit number for access to all Telecommunications Relay Services (TRS).

It's fast, functional, and free.

TRS facilitates telephone conversations between people who do and those who do not have hearing or speech disabilities. In one type of TRS, a text telephone (TTY) user calls a voice telephone user through a TRS provider (or relay center). There a communications assistant places the call to the voice user, and then relays the conversation by transcribing spoken content for the TTY user and reading text aloud for the voice user.

711 is good news for everyone, not just persons with disabilities. Both voice and TRS users will be able to initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven or ten-digit access number. There are currently over 100 separate numbers nationwide for accessing relay services.

Being able to dial the same three digits nationwide to access TRS, instead of having to be familiar with each state's unique access number, makes TRS much more accessible in our mobile society.

Under the new rules adopted last year by the FCC, 711 TRS dialing must be provided by all telecommunications carriers in the United States, including wireline, wireless, and pay phone providers. The FCC rule also encourages all PBX suppliers to configure their systems for 711 access to TRS.

In addition, to ensure the efficient, effective, and successful use of 711 access to TRS, the FCC requires carriers and relay providers, in cooperation with the states, to engage in on-going and comprehensive education and outreach programs to publicize the availability of 711 access.

If consumers find that they are unable to get 711 TRS access after October 1, they should contact the FCC's Consumer Center at 1-888-CALL-FCC (voice) or 1-888-TELL-FCC (TTY), or by e-mail at access@fcc.gov. ■

HOLOCAUST- Cont. from p. 1

ground upon our arrival the previous night. But the reality of standing in the space where it occurred, and hearing again the HOW of it all, was overwhelming. I listened, but I couldn't take it all in. I heard the words, but I had to shut down at times to try to process the enormity of it.

From the gas chamber we were led into the dissection room. It reminded me of a basement laundry room: cement, stark, cold. There in front of us was a large, thick, gray, cement table fastened to the ground. It lay tilted slightly, with a drain at the bottom. Bodies were sometimes brought here, and body parts, especially brains, were removed. They would then be sent to one of three universities in Germany, where they were used for teaching purposes. Not until students found out about this in the 1990s, and demanded that they be buried, was the practice discontinued. Uta told us "there are still probably body parts being used in some Universities."

For some reason, on that day this room overwhelmed me. I realized that at certain times I sort of went numb and then once I could muster up the courage to let the feelings in

again I would break down.

From the dissection room we moved to the crematorium. We began to walk down a sort of hallway where we passed under about four arches. I thought it was odd when, at the end of the hall, it looked like an altar. When I got closer, I saw it was a picture of the ovens. The ovens had been removed, but we stood around the small area where bodies were burned. 10,000 people were gassed and cremated between January and August 1941 in this small basement.

Later in the day, we had a small ceremony here where we placed some flowers, and a few people in the group made some comments. Around the corner were pictures of some of the people who died, hanging there as though keeping a watchful eye, or making us look into theirs and remember. The place was so still, so cold, yet so filled with lessons that reach to the very core of one's soul.

Because we stayed right in the building, on the second floor, we were able to come back alone, or with one or two people, and process it a little more. I went back with Per, a man who had lived in an

institution for 20 years in Norway. As we stood there in the gas chamber, he solemnly bowed his head and said, "I

can only imagine myself being in here, seeing people I know. One falls, and then another, and then you say 'When will it be me?' Or, worse yet, 'Will I be the last?'"

The next day we visited the cemetery. As we climbed the stairs up a beautifully landscaped hill we could not help but notice on our left the

institution for 20 years in Norway. As we stood there in the gas chamber, he solemnly bowed his head and said, "I insane." We questioned why

this was still in use but no answer was given.

Those who died by over-medication and starvation were buried, 10 deep, here in the cemetery. No names, only numbers. Decades later the cemetery was converted into a simple grassy area with stone images from each religion. They said the families like that they can see the symbols if they visit. It seemed ironic closure on such an experience. I don't think one can, to me that this place could be given the appearance of serenity, where nothing hap-

barbed wire fence three layers deep. This area still houses those labeled "criminally insane." We questioned why

pened. It seemed as though it was covered up and somehow the images of a cross, a Star of David, and the Islamic crescent moon (though not accurately portrayed) made it all OK.

The most striking image for me was the stone wall around the small graveyard. In one small section there was an iron gate. When I walked over and looked out through the iron bars, I saw a beautiful green field. It was large and expansive, and the sky met it, and it looked as though it could take you anywhere. There was something about the field that drew you to it. That image, seen through the wrought-iron gate that held us in, provided a powerful ending to our stay.

Many questions stayed with me upon my return from Hadamar. I ask myself, "Would I have spoken up in 1941... especially for people with disabilities? Do we do it today?" That last question haunts me even more now as I think of my/our work in the field. I feel, even more strongly, that there are some things I don't want to be part of, and I feel very clear about that.

I don't know how one puts closure on such an experience. I don't think one can, nor should. Each time I re-tell the story something new

overwhelms me, or teaches me, or even makes me smile. Maybe the sense of closure is in the action that we take after being there. What we do toward others as professionals, friends, family, and more importantly as humans I—guess—are the true test of the impact. That, too, is a daily struggle.

Before traveling to Germany, I met a woman psychiatrist from Norway who was instrumental in bringing the exhibit to her country. She was in her 70s when she heard about this and began questioning how her peers could commit such acts. What she was left with after her pursuit was the connections that exist today, those things that have become part of the norms of many societies, including the United States. I did not come away with that "distancing" feeling of "How could THEY do this?" Rather, I must ask myself if I see the same attitudes and beliefs that led to Hadamar being perpetuated in our own time, in our own country. And I ask myself if my behavior contributes or complicates things in any way? I'm fearful the answer is yes. ■

Augsburg College will be sponsoring a photo exhibit in November based on the Hadamar camp; for details see the notice on this page.

DIRECTORY- Cont. from p. 8

RESOURCE CENTERS continued
Hemophilia Foundation of MN, 763-323-7406
Independence Crossroads, Rob Olson, 612-854-8004, info@independencecrossroads.org
Indian Family Service, Maggie Spears, 612-348-5788
League of Women Voters, 651-224-5445, office@lwvmn.org
Leukemia Society of America, MN Chapter, 952-545-3309
Lupus Foundation of America, MN Chapter, 612-375-1131, mnlupus@aol.com
Lyme Disease Coalition, Linn Olivier, 651-644-7239, lymenet_mn@yahoo.com
Lyme Disease Network of MN, Linn Olivier, 651-644-7239
MN AIDS Proj., Lorraine Teel, 612-870-7773, 612-870-0700
MN Resource Center, Kim Feller, 612-752-8102
MN Stroke Association, 800-647-4123, www.strokemn.org
Muscular Dystrophy Assoc., Christina Van Vooren, 952-832-5517 (Mpls. district), 952-832-5716 (St. Paul district)
National Ataxia Foundation, Donna Gruetzmacher, 763-553-0020, naf@ataxia.org
Nat'l Center for Youth w/ Disabilities, Elizabeth Latts, 612-626-2820
Nat'L Multiple Sclerosis Society, MN Chapter, Jill Retzer, 612-335-7900, 1-800-582-5296 V/TTY, jretzer@mssociety.com
People, Inc. Epilepsy Services, Anne Barnwell, 612-338-9035, www.orgsites.com/mn/epilepsy
Spina Bifida Association of MN, Lisa Schaffee, 651-222-6395
Twin Cities Autism Society, 651-647-1083
United Cerebral Palsy of MN, JoAnn Erbes, 651-646-7588, 1-800-328-4827, ext.1437, ucpmn@isd.net

SERVICE DOGS
Hearing and Service Dogs of MN, Alan Peters, 612-729-5986 V, 612-729-5914 TTY, hsdm@bitstream.net

SERVICE DOGS continued
Helping Paws Of MN, 952-988-9359, helpingpaws@ens.net

SOCIAL SERVICES
Capella Management Group, Gerald Glomb, 651-641-0041
NW Henn Human Services Council, 763-493-2802 V/TTY

SUPPORT
Emotions Anonymous, 651-647-9712, eaisc@mm.org
Gay and Lesbian Helpline, 612-822-8661 V/TTY
Spinal Cord Injuries Help Line, Roger Hoffman, 651-464-7559

TECHNOLOGY
Closing the Gap, MaryAnn Harty, 1-507-248-3294, info@closingthegap.com

TRANSPORTATION
Metro Mobility, 651-602-1111, 651-221-0014 TTY

U of M AFFILIATED PROGRAMS
Institute on Community Integration, Vicki Gaylord, publications@icimail.coled.umn.edu 612-624-4512
U of M Disability Services, 612-626-1333 V/TTY, webmaster@disserv.stu.umn.edu
U of M Disabled Stud Cultural Ctr, 612-624-2602, 612-626-7003 TTY

VISION IMPAIRMENT SERVICES
Am. Council of Blind Services, James Olsen, 612-332-3242
BLIND, Inc., Joyce Scanlan, 612-872-0100
Candle in the Window, Kathy Szianyey, 1-502-895-0866
Commu. Ctr for the Blind, Dave Andrews, 651-642-0513

VISION IMPAIRMENT SERVICES continued
Deaf Blind Services MN, Jean Greener, 612-362-8454 V TTY, info@dbfm.org
Radio Talking Book, 651-642-0500
Sight & Hearing Association, 651-645-2546
United Blind of MN, Inc., 763-391-3699
Vision Loss Resources, 612-871-2222
Volunteer Braille Services & Large Print, 763-971-5231

VISUAL/PERFORMING ARTS
Interact Center for the Visual and Performing Arts, 612-339-5145 V, 612-339-6465 TTY, interactcenter@aol.com
VSA MN, 612-332-3888 V/TTY, info.mn@vsarts.org

VOCATIONAL SERVICES
AccessAbility, Inc., Darren Mack, 612-331-5958, dmack@accessibility.org
Access to Employment, Lori Sterner, 763-543-6980 V/TTY
Goodwill Industries/Easter Seal, Lynette Bergstrom, 651-646-2591 V, goodwilleastermeals.org
Hennepin County Vocational Services Program, Shanna Melton, 612-348-8370, shanna.melton@co.hennepin.mn.us
Lifeworks Services, Susan Sczeukowski, 651-365-3732, sks@lifeworks.org
Midway Training Services, Barbara Kale, 651-641-0709
Rise, Inc., 763-786-8334, bdcpoint@rise.org
TSE, Inc., Phil Saari, 651-489-2595
Vinland Center, Carol Jackson, 763-479-3555 V/TTY, vinland@vinlandcenter.org
Wings, Debbie Atterberry, 612-752-8844, djatterberry@juno.com

If your organization would like to be included in the
Directory of Organizations, contact ACCESS PRESS at Suite 104S,
1821 University Ave. W. St. Paul, MN 55104 • 651-644-2133 • access@mninter.net

Speech Disabled Gain Independence With Speech-to-Speech Service

UNTIL RECENTLY, MANY MINNESOTANS WITH speech difficulties would never consider using a telephone without the assistance of someone willing to make a call on their behalf. But thanks to a new custom calling service from the Minnesota Relay called Speech-to-Speech (STS), most people with speech difficulties, whether short or long-term, can now place and receive calls independently and at no charge.

STS is similar in concept and operation to the Minnesota Relay, which facilitates phone calls between hearing people and people with hearing loss. Telecommunication Access for Communications Impaired Persons (TACIP) program Administrator, Jim Alan, said, "STS relay is simply a three-way conference call between a person with speech difficulties, a specially trained operator called a communication assistant (CA), and a third party.

A communication assistant acts as an interpreter by helping the third party understand the person with speech difficulties. In addition to having high levels of hearing accuracy, CAs must also have a great deal of patience, a positive attitude and some unique coaching skills."

STS users are typically people with moderate to severe speech difficulties resulting from cerebral palsy, multiple sclerosis, muscular dystrophy, Huntington's chorea, amyotropic lateral sclerosis, Parkinson's disease, head injury, degenerative diseases, laryngectomies, stuttering or the effects of stroke. With help from a CA, STS users can make any kind of call they wish, at any time, by using a standard or hands-free telephone.

Some STS users may benefit by using specialized telephone equipment that is available at no charge to income eligible Minnesotans from TACIP's Equipment Distribution Program (EDP). EDP distributes Speakeasy communication devices, voice-amplifying phones, TTYs, and a wide variety of other custom communication devices. STS users with both speech and motor control difficulties may require hands-free speakerphones and customized accessories such as sip/puff, jelly bean, pillow, or voice activated switches. People with mobility difficulties often make use of amplified cordless phones.

Following its September 1999 startup, an aggressive outreach effort has made Minnesota's call volume the fastest growing and third highest in the nation with up to 900 calls being placed per month. "Almost everyone I've worked with is very excited about Speech-to-Speech," STS Outreach Coordinator Sara Meyer said. "First time users may require some initial training which we can do at someone's home or over the phone."

"People tell me it's about time we have a program like this. With help from the communication assistants, those of us not accustomed to speech difficulties can now understand that the person calling us simply has some difficulty speaking," Meyer said.

Before STS, people with speech difficulties were afraid that others would conclude by their speech patterns that they were drunk, unintelligent, or both. Now everyday calls, either personal or business, can be made independently without waiting for help from a personal care attendant, friend or family member."

The Department of Commerce estimates that there are thousands of people in Minnesota who will be able to use the service. Minnesota is known across the nation for helping its citizens prepare for living a complete and highly functioning life no matter what physical differences they may have. Speech-to-Speech relay is simply one more tool to help individuals live a fuller, more independent and useful life.

If you have difficulty speaking and are ready to start making calls with help from a STS communication assistant, make sure you have ready the area code and number you wish to call, then dial: 1-877-627-3848. When your call to STS is answered, tell the CA the number you wish to call. When the person you are calling answers, the CA will then revoice what you say. The CA will also revoice the conversation of the person you are talking to if they also have difficulty speaking.

Speech-to-Speech relay is available through the TACIP program at the Minnesota Department of Commerce and funded by a portion of the $.10 per month TACIP surcharge on each telephone access line in the state. The only cost to the caller is for toll calls billed through the caller's long distance company.

For a free brochure or videotape explaining how to use STS, or to arrange a home visit or group presentation, contact the Minnesota Relay consumer relations office by calling: 1-800-657-3775 voice/tty. STS presentations are available at no cost to interested groups and organizations.

Email: jim.alan@state.mn.us

Accessible Performances

The following performances will be Audio Described (AD) for people who are blind or have low vision, or Interpreted in American Sign Language (ASL) for people who are deaf or hard of hearing.

"Annie" by T. Meehan, C. Strouse, M. Charnin
AD/ASL Sunday, Dec. 10, 2:00—Youth Performance Co. at Howard Conn Fine Arts Center, (612) 623-9080

"The Giving Star" by the company
ASL Sun., Dec. 10, 2:00—Commonweal Theatre, (507)467-2525, (800)657-7025

"A Little House Christmas" adapted by James DeVita, music by Mark Kurtz
ASL/AD Sun., Dec. 10, 2:00, & Thurs., Dec. 14, 12:30 - AD: Mari Griffin; ASL: Nancy Niggley
Stages Theatre Co., (952) 979-1111

"The Best Christmas Pageant Ever"
AD Tuesday, Dec. 12, 11:00 am; ASL Sunday, Dec. 17, 2:00
SteppingStone Theatre, (651) 225-9265

"The Lion, the Witch & the Wardrobe" by C.S. Lewis, Adrian Mitchell
AD/ASL Wed., Dec. 13, 10:00; Fri., Dec. 15, 7:30 - AD: Mari Griffin;
ASL: Shelina Hanson, Anthony Verdeja Children's Theatre Co., (612)874-0400

"The Pavilion" by Craig Wright
AD Thurs., December 14, 7:30—Audio Describer: Mari Griffin
ASL Thurs., December 21, 7:30 — ASL Interpreters: Nancy Evelyn & Stephen Medlicott
Jungle Theater, (612)822-7063

"Annie" - Thomas Meehan, book; Charles Strouse, music; Martin Charnin,
lyrics ASL Saturday, Dec. 16, 7:00 Rochester Civic Theatre (507) 282-8481

"Black Nativity" - by Langston Hughes
ASL Saturday, Dec. 16, 8:00 —
Penumbra Theatre (651)224-3180

"Annie" - Thomas Meehan, book; Charles Strouse, music; Martin Charnin, lyrics
* ASL Sun., Dec. 17, 2:00 - ASL Interpreter: Nancy Kuehn
Lyric Arts Pocket Theater, (763)422-1838

"Absurd Person Singular"
AD Sunday, Dec. 17, 2:00 - Audio Describer: Mari Griffin
Theatre in the Round Players, (612)333-3010

"Miracle on 34th Street" by Dave Brandl
* ASL Sun., Dec. 17, 2:00
Cross Community Players, (763)391-ARTS

"Tales From the Charred Underbelly of the Yule Log"
by/with Kevin Kling
ASL Tues., Dec. 19, 8:00-Paramount Theatre, (320)259-5463,

"Winter Dreams"
ASL Saturday, Dec. 23, 2:00-
AD Sunday, Jan. 7, 2:00 -
In the Heart of the Beast Puppet & Mask Theatre, (612) 721-2535

"Into the Woods" - by Stephen Sondheim and James Lapine
ASL/AD Saturday, Dec. 30, 2:00 - ASL: Carrie Wilbert, Todd Tourville;
AD: Rick Jacobson
Ordway McKnight Theatre, (651) 224-4222, tty 282-3100

"You're a Good Man, Charlie Brown" -
ASL/AD Saturday, Jan. 13, 2:00 - ASL: Allen English, Laura Becker;
AD: Rick Jacobson
Ordway McKnight Theatre, (651)224-4222, TTY (651)282-3100

"The Elves & the Shoemaker" by the Brothers Grimm
* ASL Sat., Jan. 13, 2:00 + Jan. 10 school shows -
Interpreters: Ann
Pierce & Amy Bursch
Central Minnesota Children's Theater, at the Paramount Theatre,(320)259-5463

"Dancing Wheels"
Thursday, Jan. 18, 7:30-Minnesota State University Moorhead, Hansen Theatre, 1104 7th Ave. S. A modern dance company comprised of dancers with and without disabilities.

"Z" (Hermann Goering)
AD Sunday, Jan. 28, 2:00 - Audio Describer: Mari Griffin Theatre in the Round Players, (612)333-3010

* Selected performances are eligible for Reduced Admission Prices through Access to Theatre. For more information contact VSA arts of Minnesota, mn@vsarts.org, (612) 332-3888 or statewide (800) 801-3883 (voice/TTY).

Theaters Recognized For Access Programs

by Mark Brooks

The Guthrie Theater has been chosen by VSA arts and the Metropolitan Life Foundation to receive the 2nd Annual VSA arts/Metropolitan Life Access Innovation in the Arts Award for outstanding efforts to provide physical and programmatic accessibility to individuals with disabilities. The award was presented at a ceremony on November 11, 2000 at the World Congress and Exposition on Disabilities in Atlanta, Georgia. Guthrie Theater Audience Services Manager Pam Truesdell will

accept the award for the Theater.

"We are pleased to be recognized for the work we have done in making our services accessible," Guthrie Theater Artistic Director Joe Dowling said. "But we are even prouder of the leadership role we have taken in helping other arts organizations make their programming accessible as well."

The Guthrie Theater has long been at the forefront of making

**Minnesota Speech-
Language-Hearing
Association**

FALL

Conference

October 19, 2001
Education Building
Abbott Northwestern
Hospital
Minneapolis, MN

When you pick up the phone,
Again and again,
Are you misunderstood
On the other end?

If you're affected
By a difference in speech,
Telephone Revoicing is here,
And it's now within your reach.

Just call this number*
To access the service
It's free! It's easy!
You needn't be nervous.

A communication assistant
Also called a C-A
Will dial the person you're calling
And revoice what you say.

No more hang ups or folks thinking
Your call is a prank,
You're taken seriously when phoning
For take-out, the doctor or bank.

24 hours a day,
7 days of the week,
You're free to make calls
And be understood when you speak.

With barriers down
There are new possibilities!
Now you can focus
On all your abilities!

SPEECH TO SPEECH

*1-877-627-3848

A service of Minnesota Relay
and the
Minnesota Department of Commerce

Appendix I

2002 Minnesota Relay Consumer Relations Office Outreach

2002 Minnesota Relay Consumer Relations Office Outreach

Legend:
- General Participants
- State Fair Participants
- STS Participants
- General Presentations
- STS Presentations

Values:
- General Participants: 9,789
- State Fair Participants: 16,000
- STS Participants: 6,391
- General Presentations: 264
- STS Presentations: 664
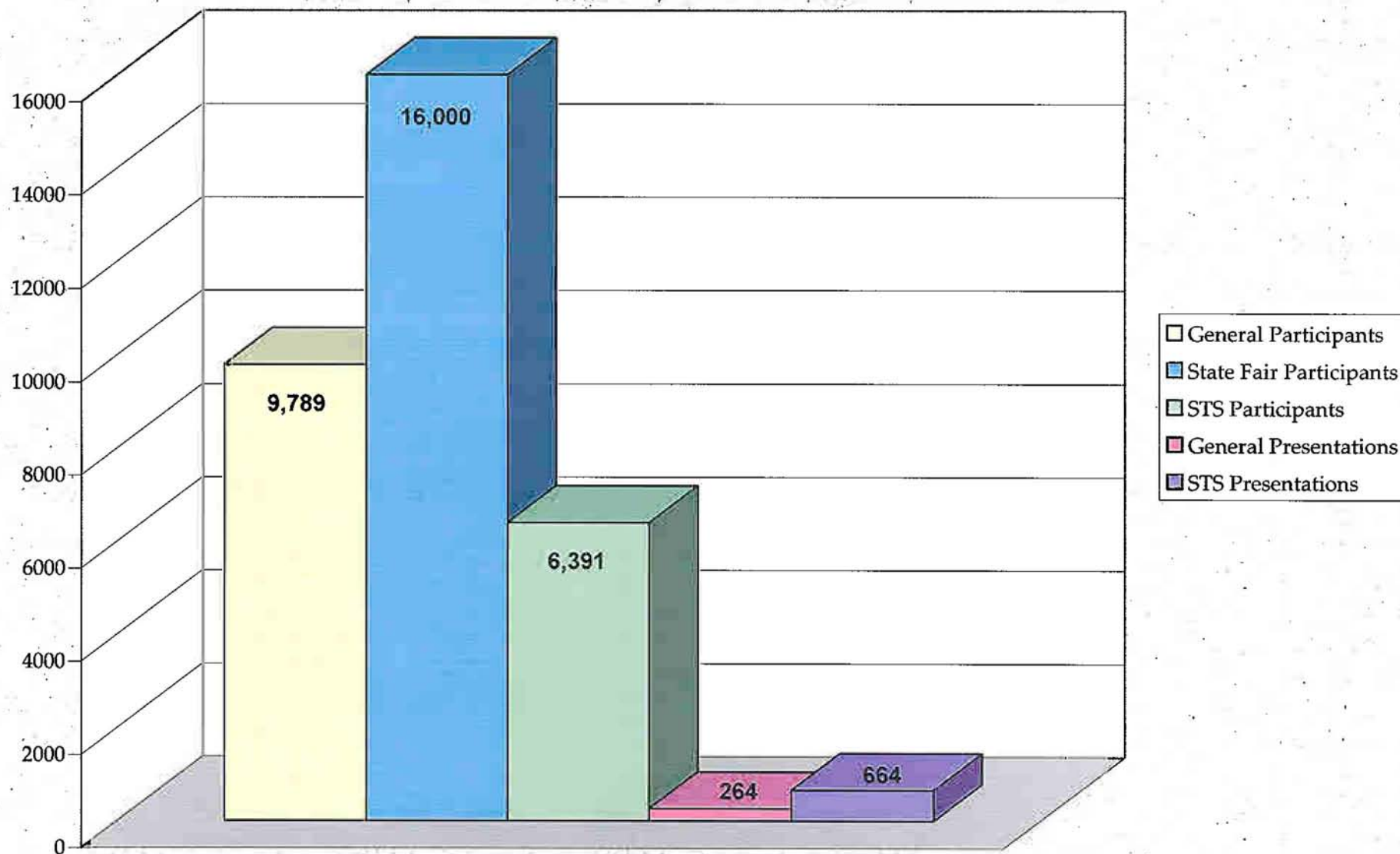
Appendix J

**Consumer Relations Office's
Monthly Outreach Summaries for 2002**

Minnesota Relay Consumer Relations Office
Outreach Summaries

January 2002

January 2   D/HH Event, St. Paul (49 participants)
January 8   D/HH Event, Coon Rapids (45 participants)
January 9   Presentation, Mankato (3 participants)
January 9   D/HH Event, St. Paul (51 participants)
January 10 D/HH Event, Inver Grove Heights (38 participants)
January 11 D/HH Event, St. Paul (14 participants)
January 14 D/HH Event, Brooklyn Park (5 participants)
January 15 Presentation, Duluth (5 participants)
January 16 D/HH Event, St. Paul (53 participants)
January 17 D/HH Event, St. Paul (11 participants)
January 19 Exhibition, Virginia (175 participants)
January 23 D/HH Event, St. Paul (52 participants)
January 24 D/HH Event, Inver Grove Heights (14 participants)
January 25 D/HH Event, St. Cloud (19 participants)
January 26 Hard-of-Hearing Event, Edina (28 participants)
January 26 D/HH Event, St. Paul (210 participants)
January 28 Meeting w/customer (1 participant)
January 29 D/HH Event, St. Paul (45 participants)
January 30 Presentation, Woodbury (23 participants)
January 30 Presentation, Inver Grove Heights (29 participants)
January 30 D/HH Event, St. Paul (47 participants)
January 31 D/HH Event, St. Paul (14 participants)
Total Presentations: 22
Total Participants: 931

Speech-to-Speech
Sara:
January 7 Visiting Nurses Organization, Phalen Park (1 participant)
January 7 One-on-One Outreach, St. Paul (1 participant)
January 7 One-on-One Outreach, St. Paul (1 participant)
January 7 One-on-One Outreach, St. Paul (1 participant)
January 8 Children's Physicians Network (reaching 34 departments)
January 8 Noran Neurological Information Services, Administrative Headquarters (reaching 21 offices)
January 8 Nile Health Care Center, Minneapolis (3 participants)
January 8 Beverly Chateau Health Care Center, Minneapolis (2 participants)
January 8 First Christian Health Care Center, Minneapolis (4 participants)
January 10 Woodbury Senior Living (2 participants)
January 10 Woodbury Assisted Living (2 participants)
January 10 Woodbury Health Care Center (2 participants)
January 14 One-on-One Outreach, St. Paul (2 participants)
January 14 Bryn Mar Health Care Center Resident Council (31 participants)
January 15 Franciscan Health Care Center, St. Paul (1 participant)
January 15 One-on-One Outreach, St. Paul (1 participant)
January 15 One-on-One Outreach, St. Paul (1 participant)
January 15 One-on-One Outreach, St. Paul (1 participant)
January 21 Health East Medical Clinic, St. Paul (4 participants)
January 22 Metro Individual Living Service, Minneapolis (7 participants)
January 22 Restart Group Home, Minneapolis (6 participants)
January 28 St. Jude's Hospital, Roseville (1 participant)
January 28 Children's Family Services State of MN, Roseville (1 participant)

January 29 Health Service Innovations, Roseville (2 participants)
January 30 One-on-One Outreach, St. Paul (2 participants)
Total One-on-One Contacts: 8
Total Presentations: 25
Total Participants: 134

Nikki:
January 16 Individual Training-Phase North Transition, Crystal (3 participants)
January 17 Naeve Hospital, Albert Lea (4 participants)
January 17 Cedar Valley Services, Albert Lea, (6 participants)
January 17 Rathjen House, Albert Lea (5 participants)
January 17 REM Woodvale, Inc., Albert Lea (11 participants)
January 17 REM Woodvale, Inc., Albert Lea (6 participants)
January 17 Albert Lea MC Home Health Care (2 participants)
January 17 Broadway Care Home, Albert Lea (1 participant)
January 17 Freeborn County Public Health Nursing Service, Albert Lea (16 participants)
January 17 Oak Park Place, Albert Lea (3 participants)
January 17 Thorne Crest Retirement Center, Albert Lea (2 participants)
January 18 Austin Medical Center, Austin (7 participants)
January 18 Riverland Community College Student Services, Austin (2 participants)
January 18 Comforcare Good Samaritan Center, Austin (3 participants)
January 18 Sacred Heart Care Center, Inc., Austin (2 participants)
January 18 St. Mark's Lutheran Home, Austin (3 participants)
January 18 Austin Medical Center Home Care, Austin (9 participants)
January 18 Cedars of Austin (2 participants)
January 18 Elder Peace, Inc., Austin (1 participant)
January 18 Kenwood Heritage Living, Austin (3 participants)
January 18 Kingsley House, Austin (4 participants)
January 18 Mower County Public Health Nursing Service, Austin (18 participants)
January 18 Shamrock In Home Nursing, Austin (5 participants)
January 18 Our House, LLC, Austin (1 participant)
January 18 Sacred Heart Home Health Care, Austin (2 participants)
January 18 Mower County Social Services, Austin (3 participants)
January 18 EMSOCS Group Home, Austin (1 participant)
January 18 Agape Halfway House, Austin (1 participant)
January 18 Glendalough of Austin, Inc., Austin (4 participants)
January 18 REM Woodvale, Inc. Cedar I, Austin (1 participant)
January 18 REM Woodvale, Inc Cedar II, Austin (2 participants)
January 18 REM Woodvale, Inc Cedar IV, Austin (1 participant)
January 18 ARC of Mower County, Austin (1 participant)
January 23 Individual Training, Phase North Transition, Crystal (2 participants)
January 28 Independent Dist 287, Inver Grove Heights School Transition Staff, Osseo (14 participants)
Total Presentations: 35
Total Participants: 151

February 2002

February 1 Presentation, Wayzata (28 participants)
February 4 Presentation, Minneapolis (25 participants)
February 4 University of Minnesota (27 participants)
February 5 Three Presentations University of Minnesota (84 participants)
February 5 D/HH Event, Coon Rapids (35 participants)
February 6 Four Presentations, University of Minnesota (116 participants)
February 6 D/HH Event, Inver Grove Heights (36 participants)
February 7 University of Minnesota (27 participants)

February 7 D/HH Event, St. Paul (53 participants)
February 8 Presentation, Chaska (28 participants)
February 9 Presentation, St. Paul (11 participants)
February 9 Presentation, Minneapolis (29 participants)
February 9 Hard-of-Hearing Event, Roseville (23 participants)
February 11 Three Presentations, Minnetonka (48 participants)
February 12 Presentation, Cottage Grove (24 participants)
February 12 Presentation, St. Paul (22 participants)
February 13 Five Presentations, Lakeville (142 participants)
February 13 D/HH Event, St. Paul (56 participants)
February 14 D/HH Event, Inver Grove Heights (14 participants)
February 15 Three Presentations, St. Paul Park (10 participants)
February 19 D/HH Event, Coon Rapids (12 participants)
February 20 D/HH Event, St. Paul (54 participants)
February 27 D/HH Event, St. Paul (49 participants)
Total Presentations: 36
Total Participants: 953

Speech-to-Speech

Sara:
February 4   St. Paul Health Care Residence (1 participant)
February 6   One-on-One, Minneapolis (1 participant)
February 6   One-on-One, Minneapolis (1 participant)
February 7   Heather Assisted Living Residence, Crystal (2 participants)
February 11 New Harmony Health Care Center (1 participant)
February 12 Galtier Health Care Center, Minneapolis (52 participants)
February 12 Ramsey County Community Development Center (2 participants)
February 13 STAR Program-State of Minnesota (3 participants)
February 19 Pathways on the Park Senior High-rise (3 participants)
February 19 St. Paul Church Home (17 participants)
February 20 Minneapolis Public Library & Homebound Services (6 participants)
February 20 Park Nicollet Medical Clinic Call Center, Brooklyn Park (8 participants)
February 21 University of Minnesota Department of Social Workers (4 participants)
February 21 One-on-One, University of Minnesota (1 participant)
February 25 St. Mary's Health Care Center (15 participants)
February 25 Highland Park Jewish Community Center (1 participant)
February 25 Aspen Park Medical Clinic Call Center (3 participants)
February 25 Hillcrest Community Center, Highland Park (2 participants)
February 25 Highland Park Library (3 participants)
February 25 Park Nicole Medical Clinic Call Center (8 participants)
February 26 St. Paul's Central Library (3 participants)
February 26 St. Paul's Church Home (9 participants)
February 27 Cottage Grove City Hall (2 participants)
February 27 Cottage Grove Library (3 participants)
Total Presentations: 24
Total Participants: 151
Total One-on-One Contacts: 3

Nikki:
February 4   Hennepin County Coordinated Human Services Intake Team, Minneapolis (25 participants)
February 5   Hennepin County Coordinated Human Services West Metro Team, Hopkins (20 participants)
February 7   Glacial Ridge Hospital, Rehab Department, Glenwood (3 participants)
February 7   Glacial Ridge Home Care, Glenwood (2 participants)
February 7   Pope County Public Health Nursing Service, Glenwood (9 participants)
February 7   Glenwood Nursing Home, Glenwood (3 participants)
February 7   Lakeview Good Samaritan Center, Glenwood (4 participants)

February 7 Douglas County Hospital-Rehab and Reception, Alexandria (8 participants)
February 7 New Beginnings of Alexandria (1 participant)
February 7 Workforce Center, Alexandria (6 participants)
February 7 Bethany Home, Alexandria (4 participants)
February 7 Knute Nelson Memorial Home, Alexandria (2 participants)
February 7 Clearwater Suites , Alexandria, (2 participants)
February 7 Douglas County Public Health Nursing, Alexandria (16 participants)
February 7 Nelson Gables Senior Care Apartments , Alexandria (2 participants)
February 7 Vikingland Home Health, Inc., Alexandria (11 participants)
February 7 Maplewood Group Home, Alexandria (2 participants)
February 7 Pinewood Group Home, Alexandria (1 participant)
February 7 Prairiewood Group Home, Alexandria (2 participants)
February 7 Rosewood Group Home, Alexandria (2 participants)
February 7 Scenicwood Group Home, Alexandria (3 participants)
February 13 Franciscan Health Center , Duluth (7 participants)
February 13 The Waters of Park Point , Duluth (3 participants)
February 13 St. Anne's Residence, Duluth (2 participants)
February 14 St. Louis County Social Service Supervisors Meeting, Duluth (40 participants)
February 14 Cornerstone Spirit Valley Home Duluth (1 participant)
February 14 Gentiva Health Services, Duluth (1 participant)
February 14 Interim Healthcare, Duluth (2 participants)
February 21 Intersect Transition Program, Eden Prairie (3 participants)
February 26 The Cedars of Austin Resident's Meeting , Austin (15 participants)
Total Presentations: 30
Total Participants: 202

In February, Television, radio, and newspaper ads were utilized to advertise the Minnesota Relay and new Nationwide 711 dialing shortcut. 55 individuals called the Consumer Relations Office to obtain information regarding VCO, STS, and HCO. Each individual was given a tailored response depending on their telecommunication needs, equipment information, ample time to ask questions, and sent an applicable brochure(s).

March 2002

March 1 Minnesota Relay Exhibition, Buffalo (35 participants)
March 4 Minnesota Relay Exhibition, Buffalo (47 participants)
March 4 Minnesota Relay Presentation, Inver Grove Heights (13 participants)
March 5 Minnesota Relay Exhibition, Buffalo (64 participants)
March 5 D/HH Event, St. Paul (12 participants)
March 6 Minnesota Relay Presentation, Wayzata (24 participants)
March 6 D/HH Event, St. Paul (53 participants)
March 7 D/HH Event, Inver Grove Heights (10 participants)
March 13 D/HH Event, St. Paul (46 participants)
March 16 D/HH Event, Little Canada (32 participants)
March 20 D/HH Event, St. Paul (52 participants)
March 21 D/HH Event, St. Paul (23 participants)
March 26 D/HH Event, St. Paul (18 participants)
March 27 One-on-One Outreach, Roseville (1 participant)
March 27 D/HH Event, St. Paul (55 participants)
March 28 Three Minnesota Relay Presentations, Morris (39 participants)
March 28 D/HH Event, Inver Grove Heights (7 participants)
March 29 Hard-of-Hearing Event, Shakopee (14 participants)
Total Presentations: 20
Total Participants: 545

Sara:

March 5 · Courage Center (61 participants)
March 5 Minnesota Literacy Council (1 participant)
March 5 North Side Learning Center/Library, Minneapolis (1 participant)
March 7 Highland Chateau Health Care Center, St. Paul (2 participants)
March 7 Washington County Library & Resource Center, Woodbury (2 participants)
March 12 Eagan Library Information Center (4 participants)
March 12 Eagan City Hall (4 participants)
March 12 Eagan Community Action Program (2 participants)
March 12 Alliance Medical Call Center (2 participants)
March 13 Hastings Library Information Center (2 participants)
March 13 Hastings Government Center (2 participants)
March 14 Inver Groves Heights City Hall (3 participants)
March 14 Inver Groves Heights Memorial Center (3 participants)
March 14 Inver Groves Heights Senior Center (2 participants)
March 18 Growing Home Waivered Foster Care, St. Paul (3 participants)
March 18 Wilder Foundation Home Health Care, St. Paul (3 participants)
March 18 MDI Adult Vocational Center, St. Paul (21 participants)
March 21 Clinton Phoenix Residence, West St. Paul (1 participant)
March 21 Salvation Army Senior Center, West St. Paul (22 participants)
March 21 Dunedin Assisted Living, West St. Paul (3 participants)
March 25 Shalom Home, East St. Paul (2 participants)
March 25 Opal Health Care Eagan (2 participants)
March 26 TLC Home Care, Roseville (2 participants)
March 26 Minnesota Health Family Physicians (1 participant)
March 27 Eagle Crest Assisted Living, Roseville (3 participants)
March 27 Sunrise Health Care, Roseville (3 participants)
March 28 Lakeville Hospital Social Workers (2 participants)
March 28 Wilder Foundation Block Nurse Program (32 participants)
March 29 One-on-One Outreach, St. Paul (1 participant)
Total Presentation: 29
Total Participant: 194
Total On-on-One Contacts: 1

Nikki:

March 1 Buffalo Hospital Skills Fair, Buffalo (40 participants)
March 4 Buffalo Hospital Skills Fair, Buffalo (45 participants)
March 5 Buffalo Hospital Skills Fair, Buffalo, (45 participants)
March 5 Hennepin County Coordinated Human Services DT Team, Minneapolis (20 participants)
March 19 Arrowhead Senior Living Community, Virginia (2 participants)
March 19 Workforce Center, Virginia (6 participants)
March 19 St. Louis County Social Services, Virginia (4 participants)
March 19 St. Louis County Public Health Department, Virginia (2 participants)
March 19 Washington Manor, Virginia (1 participant)
March 19 Gethsemane Group Home, Virginia (3 participants)
March 19 Merritt House Group Home, Virginia (9 participants)
March 20 University Medical Center – Mesabi, Hibbing (3 participants)
March 20 St. Louis County Public Health Department, Hibbing (6 participants)
March 20 Range Center – Aspenwood Group Home, Hibbing (3 participants)
March 20 Workforce Center, Hibbing (6 participants)
March 20 St. Louis County Social Services, Hibbing (3 participants)
March 20 Greenview Assisted Living Facility, Hibbing (4 participants)
March 20 Hibbing Housing/Redevelopment 7th Avenue Apartments, Hibbing (3 participants)
March 20 Hillcrest – Adams, Hibbing (4 participants)
March 20 Healthline Homecare, Hibbing (7 participants)

March 20 Home Care Specialists, Hibbing (2 participants)
March 20 Golden Crest Nursing Home, Hibbing (2 participants)
March 20 Leisure Hills of Hibbing, Hibbing (5 participants)
March 21 Range Center, Inc., Chisholm (15 participants)
March 21 Center for Independent Living-NE MN Chapter, Hibbing (6 participants)
March 21 Heritage Manor, Chisholm (3 participants)
March 21 Hillcrest Terrace Homecare, Chisholm (3 participants)
March 21 NHS Northstar Special Services, Inc., Chisholm (2 participants)
March 26 Northwest Cable Television Staff, Brooklyn Park (4 participants)
March 28 University of Minnesota Morris Financial Aid and Admissions Staff, Morris (18 participants)
March 28 University of Minnesota Morris Disability Services Office, Morris (6 participants)
March 28 Stevens Community Medical Center, Morris (2 participants)
March 28 Villa of St. Francis Nursing Home, Morris (2 participants)
March 28 Grandview Assisted Living, Morris (1 participant)
March 28 Home Care Service Options, Morris (2 participants)
March 28 Stevens Community Medical Center Home Care, Morris (6 participants)
March 28 Stevens and Traverse County Public Health Department, Morris (11 participants)
March 28 Skyview Court, Morris (1 participant)
March 28 Stevens Community Medical Center Courage Court, Morris (1 participant)
March 28 Ravenwood Group Home, Morris (3 participants)
March 28 Stevens County Day Achievement Center, Morris (2 participants)
March 28 Morris Public Library, Morris (1 participant)
Total Presentations: 42
Total Participants: 314

A total of 72 people have contact the Minnesota Relay CRO due to our radio announcement and four individuals contacted us due to seeing our 711 information in the Minnesota Monthly addition.

April 2002

April 1   D/HH Event, St. Paul (12 participants)
April 3   D/HH Event, St. Paul (49 participants)
April 4   Two Presentations, Arden Hills (46 participants)
April 4   D/HH Event, Minneapolis (6 participants)
April 9   D/HH Event, Minneapolis (35 participants)
April 10 D/HH Event, St. Paul (51 participants)
April 11 Three Presentations, Rochester (65 participants)
April 12 D/HH Event, St. Louis Park (47 participants)
April 13 SHHH/Aloha, St. Paul (17 participants)
April 17 D/HH Event, St. Paul (45 participants)
April 18 Presentation, Red Wing (23 participants)
April 18 D/HH Event, Inver Grove Heights (13 participants)
April 19 Two Presentations, Fridley (49 participants)
April 24 D/HH Event, St. Paul (56 participants)
April 25 Exhibition, Deerwood (159 participants)
April 26 Exhibition, Brainerd (750 participants)
April 29 D/HH Event, St Paul (16 participants)
Total Presentations: 21
Total Participants: 1,439

Speech-to-Speech

Sara:
April 1 Quinlan Health Care Center (3 participants)
April 2 Very Special Arts of Minnesota (3 participants)
April 2 Holmes Village Senior High Rise, Minneapolis (4 participants)
April 2 Labor Retreat Senior High-rise, St. Paul (2 participants)
April 3 Pilot City Community & Resource Center, North Maples (2 participants)
April 3 Pilot City Health Care Center (4 participants)
April 3 Rainbow Public Housing, Minneapolis (2 participants)
April 3 Lyndale Public Housing, North Minneapolis (2 participants)
April 23 Alliance Medical Call Center (2 participants)
April 23 NW Community Services, Crystal (2 participants)
April 23 Brooklyn Center Integrated Health Services (2 participants)
April 23 Heather Assisted Living, Crystal (11 participants)
April 25 United Cerebral Palsy National Conference (275 participants)
April 29 SE Senior Center, Minneapolis (2 participants)
April 29 Alliant Health Care Clinic, St. Paul (4 participants)
April 29 Health Partners-University, St. Paul (4 participants)
April 29 Ramsey Women's Center, St. Paul (4 participants)
April 29 Health Partners Rehab-University, St. Paul (3 participants)
Total Presentations: 18
Total Participants: 331

Nikki:
April 2 Hennepin County Coordinated Human Services, Minneapolis (20 participants)
April 8 St. Paul Schools Special Education Resource Team, St. Paul (32 participants)
April 10 Stillwater Good Samaritan Staff, Stillwater (12 participants)
April 13 Booth, Association of Retarded Citizens (ARC) Conference, Fairmont (75 participants)
April 13 Fairmont Medical Center, Fairmont (1 participant)
April 13 Ingleside Assisted Living Residence, Fairmont (2 participants)
April 13 Lakeview Assisted Living, Fairmont (1 participant)
April 13 Maplewood Residence, Fairmont (1 participant)
April 13 Martin County Library, Fairmont (2 participants)
April 13 REM Heartland, Inc., (Group Home), Fairmont (1 participant)
April 13 REM Heartland, Inc., (Group Home), Fairmont (1 participant)
April 13 Lakeview Methodist Nursing Home, Fairmont (1 participant)
April 13 New Horizons Home Care, Fairmont (1 participant)
April 17 Disability Awareness Day, Minnetonka Middle School (6th Grade), Minnetonka (36 participants)
April 17 Disability Awareness Day, Minnetonka Middle School (8th Grade), Minnetonka (33 participants)
April 17 Disability Awareness Day, Minnetonka Middle School (8th Grade), Minnetonka (31 participants)
April 17 Disability Awareness Day, Minnetonka Middle School (7th Grade), Minnetonka (28 participants)
April 17 Disability Awareness Day, Minnetonka Middle School (6th Grade), Minnetonka (9 participants)
April 17 Disability Awareness Day, Minnetonka Middle School (6th Grade), Minnetonka (14 participants)
April 19 Booth, MN Speech Language Hearing Association Conference, St. Cloud (200 participants)
Total Presentations: 20
Total Participants: 511

The second wave of our advertising campaign began at the end of April resulting in 22 calls due to the televised ads, and one call from the Good Age Newspaper ad.

May 1   D/HH Event, Inver Grove Heights (8 participants)
May 6   D/HH Event, Highland Park (16 participants)
May 10 Presentation, Austin: 2 participants
May 10 D/HH Event, Faribault (36 participants)
May 11 D/HH Event, Buffalo (35 participants)
May 11 Hard-of-Hearing Event, Shakopee (27 participants)
May 13 D/HH Event, Highland Park (17 participants)
May 15 D/HH Event, Shoreview (58 participants)
May 16 Lifetrack Advisory Comm. (14 participants)
May 16 D/HH Event, Inver Grove Heights (4 participants)
May 20 DEM, St. Paul (8 participants)
May 20 D/HH Event, St. Paul (16 participants)
May 21 D/HH Event, Minneapolis (49 participants)
May 23 Deaf Customer, West St. Paul (1 participant)
Total Presentations: 14
Total Participants: 291

Speech-to-Speech

Nikki:
May 3   National Paraprofessional Conference, Bloomington (26 participants)
May 6   Rice Memorial Hospital, Rehab Center, Willmar (3 participants)
May 6   Willmar Area Regional Treatment Center, Willmar (3 participants)
May 6   Minnesota Workforce Center, Willmar (2 participants)
May 6   Kandiyohi Social Services Department, Willmar (6 participants)
May 6   Lutheran Social Services of Minnesota, Willmar (4 participants)
May 6   Bethesda Heritage Center, Willmar (2 participants)
May 6   Bethesda Nursing Home, Willmar (3 participants)
May 6   Infinia at Willmar, Willmar (1 participant)
May 6   Rice Care Center, Willmar (2 participants)
May 6   Alterra Sterling House-Willmar, Willmar (2 participants)
May 6   Bethesda Home Health Care, Willmar (3 participants)
May 7   Central Minnesota Senior Care, Willmar (3 participants)
May 7   Diane Marie's Place, Inc.-11th Street, Willmar (2 participants)
May 7   Kandiyohi Public Health Department, Willmar (5 participants)
May 7   Prairie Senior Cottages-Willmar, Willmar (1 participant)
May 7   Rice Memorial Hospital Home Care, Willmar (2 participants)
May 7   Sunrise Village, Willmar (4 participants)
May 7   Willmar Public Library, Willmar (3 participants)
May 7   Kandiworks Day Activity Center, Atwater (11 participants)
May 7   Woodland Centers, Willmar (2 participants)
May 7   Cardinal II Apartments, Willmar (2 participants)
May 7   Diane Marie's Place, Inc.-16th Street, Willmar (1 participant)
May 7   Divine House, Inc., Willmar (1 participant)
May 15 Alliance Home Health Care, Mankato (15 participants)
May 15 St. Peter Community Hospital-Rehab Center, St. Peter (1 participant)
May 15 Grandview Good Samaritan Center, St. Peter (2 participants)
May 15 St. Peter Community Health Care Center, St. Peter (2 participants)
May 15 St. Peter Regional Treatment Center, St. Peter (6 participants)
May 15 Therese K. Sexton Home North, North Mankato (1 participant)
May 15 Therese K. Sexton Home South, North Mankato (1 participant)
May 15 Heritage Meadows, St. Peter (3 participants)
May 15 Housing and Redevelopment Authority-Koppen Estates, North Mankato (11 participants)
May 15 Oak Terrace, North Mankato (2 participants)
May 15 St. Peter HRA-Parkview Manor, St. Peter (1 participant)

May 15 The Wilds of Sand Prairie, St. Peter (3 participants)
May 15 Nicollet County Public Health Department, St. Peter (9 participants)
May 21 Northwest Cable 12 Meeting, Brooklyn Park (1 participant)
May 24 Riverwood Health Care Center-Rehab Dept, Aitkin (3 participants)
May 24 Aitkin County Public Health Department, Aitkin (5 participants)
May 24 Aitkin County Social Services Department, Aitkin (3 participants)
May 24 Aicota Health Care Center, Aitkin (1 participant)
May 24 Aicota Area Rehab Center, Aitkin (3 participants)
May 24 Riverwood Nursing Home, Aitkin (2 participants)
May 31 Sibley Medical Center-Rehab Dept., Arlington (2 participants)
May 31 Arlington Good Samaritan Center, Arlington (2 participants)
May 31 Gaylord Lakeview Home, Gaylord (3 participants)
May 31 Golden Hearts, Inc., Arlington (4 participants)
May 31 Heritage House, Gaylord (1 participant)
May 31 Parnell Street Board and Lodging, Green Isle (2 participants)
May 31 Sibley County Public Health Department, Gaylord (7 participants)
May 31 Sibley Medical Center Home Care, Arlington (2 participants)
May 31 Sibley County Day Activity Center, Arlington (6 participants)
May 31 Oak Terrace Senior Apartments, Gaylord (3 participants)
Total Presentations: 54
Total Participants: 201

Sara:
May 3   Pilot City Community Center (22 participants)
May7   Courage Center, Stillwater (62 participants
May 8   St. Paul Library Managers (16 participants)
May 8   Rosedale Medical, Rosedale (2 participants)
May 8   Health East Medical Clinic, Stipule (2 participants)
May 9   Ucare MN-Group 1 (32 participants)
May 9   Ucare MN-Group 2 (25 participants)
May 13 Alliance Health Care Center, Burnsville (4 participants)
May 13 Emerald Crest Assisted Living (2 participants)
May 13 River Hills Assisted Living (2 participants)
May 13 Burnsville Senior Center (4 participants)
May 14 St. Paul Public Housing (4 participants)
May 16 Minnesota Veterans Home, Minneapolis (5 participants)
May 16 Nokomis Square Independent Living (2 participants)
May 21 Minneapolis Public Housing-Managers (21 participants)
May 22 One-on-one Presentation, Burnsville (2 participants)
May 22 Washington County Libraries (1 participants)
May 22 HealthEast Clinic, Woodbury (3 participants)
May 28 One-on-one Presentation (1 participant)
May 29 One-on-one Presentation (1 participant)
May 29 Volunteers Of America (2 participants)
May 29 Minnesota Visiting Nurses Assoc. (2 participants)
May 30 Bayport Public Library (2 participants)
Total Presentations: 23
Total Participants: 219
One-on-One Contacts: 3

The CRO received 22 calls in April, and 96 calls in May in response to the Minnesota Relay ad campaign.

June 1   D/HH Event, Minneapolis (75 participants)
June 2   D/HH Event, Woodbury (24 participants)
June 3   D/HH Event, St. Paul (15 participants)
June 7   D/HH Event, Minneapolis (7 participants)
June 7   D/HH Event, St. Paul (14 participants)
June 8   D/HH Event, St. Cloud (35 participants)
June 8   Hard-of-Hearing Event, Woodbury (21 participants)
June 9   D/HH Event, Maplewood (8 participants)
June 10 D/HH Event, St. Paul (15 participants)
June 12 D/HH Event, Minneapolis (21 participants)
June 24 D/HH Event, St. Paul (7 participants)
June 29 D/HH Event, Roseville (3 participants)
Total Presentations: 12
Total Participants: 245

Speech-to-Speech

Nikki:
June 13 Community Memorial Hospital, Winona (2 participants)
June 13 MN Workforce Center, Winona (3 participants)
June 13 Winona ORC Industries, Inc./Career Options, Winona (6 participants)
June 13 Alterra Sterling House, Winona (3 participants)
June 13 Bourne Medical Service, Winona (1 participant)
June 13 Callista Court, Winona (2 participants)
June 13 Manor Living Home Care, Winona (1 participant)
June 13 The Lamberton Residence, Winona (2 participants)
June 13 Winona Public Health Nursing Service, Winona (6 participants)
June 14 Winona Health Home Care, Winona (3 participants)
June 14 Community Memorial Nursing Home, Winona (2 participants)
June 14 Lake Winona Manor, Winona (1 participant)
June 14 Saint Anne Extended Healthcare, Winona (3 participants)
June 14 Winona County Developmental Achievement Center, Winona (16 participants)
June 14 Home and Community Options, Winona (21 participants)
June 14 Winona Technical College Student Services, Winona (3 participants)
June 14 Main Street Home, Winona (1 participant)
June 14 Broadway Residential Treatment Center, Winona (2 participants)
June 14 Adith Miller Manor, Winona (3 participants)
June 14 Watkins Home, Winona (1 participant)
June 19 New Ulm Medical Center, New Ulm (3 participants)
June 19 MN Workforce Center, New Ulm (4 participants)
June 19 Oak Hills Nursing Home, New Ulm (2 participants)
June 19 Oak Hills Assisted Living, New Ulm (1 participant)
June 19 Prairie Senior Cottages, New Ulm (2 participants)
June 19 Ridgeway on German, New Ulm (1 participant)
June 19 Brown County Public Health Dept., New Ulm (5 participants)
June 19 Golden Homecare Plus, Inc., New Ulm (3 participants)
June 19 Habilitative Services, New Ulm (1 participant)
June 19 MBW Company, Inc., (51 participants)
June 19 New Ulm Medical Center Home Health Care, New Ulm (4 participants)
June 19 Welcome Home Health Care, New Ulm (1 participant)
June 19 MBW Monument Street, New Ulm (1 participant)
June 19 MBW on Center, New Ulm (1 participant)
June 19 New Ulm RAI II, New Ulm (1 participant)
June 19 Nova House, New Ulm (6 participants)
June 19 Enterprise North (DHS licensed adult program), New Ulm (3 participants)

June 19 MRCI New Ulm (DHS licensed adult program), New Ulm (5 participants)
June 20 One-on-one training, Anoka (2 participants)
June 24 Lifeworks, Inc., Crystal (10 participants)
June 26 Rum River Library, Andover (2 participants)
June 27 One on One training, Champlin (1 participant)
Total Presentations: 44
Total Participants: 192

Sara:
June 3 Dakota County Library Director, Eagan (2 participants)
June 3 South St. Paul Administrative Offices (22 participants)
June 4 Wildwood Library (2 participants)
June 4 Briar Cliff Health Care Res., Mahtomedi (2 participants)
June 4 Andrews Health Care Res., Mathomedi (2 participants)
June 4 Eastshore Senior Center, Mathomedi (8 participants)
June 4 Wildwood Health Care Center, Mathomedi (4 participants)
June 4 Mathomedi Assisted Living, Mathomedi (1 participant)
June 6 One-on-One, Oakpark Heights (1 participant)
June 10 My Brothers Keeper Health Services, Shakopee (2 participants)
June 10 Scott County Library Managers, Savage (22 participants)
June 10 Shakopee Medical Equipment (2 participants)
June 10 Health Partners Corporate Training Managers (2 participants)
June 10 Lifeworks Health Services, (15 participants)
June 17 Valley Library, Lakeland (2 participants)
June 18 YWCA, North Minneapolis (2 participants)
June 18 Salvation Army Community Center (2 participants)
June 18 North Community Services (5 participants)
June 18 Gertie Taylor, North Minneapolis (1 participant)
June 26 Shriners Hospital, (21 participants)
June 26 Partnerships for Minnesota Care Providers (1 participant)
June 28 Outcomes, Inc. Care Providers (2 participants)
Total Presentations: 24
Total Participants: 123

A Speech-To-Speech informational video was broadcast 8 times during June on Northwest Cable Television Community Access Channel. NWCT reaches 62,000 homes in the Northwest Metro Area. Estimated viewership of the video is in the several hundreds.

The Health Services organization in Shakopee distributed our brochures to 150 potential consumers.

July 2002

July 1 D/HH Event, St. Paul (16 participants)
July 7-14 DeafWayII, Washington, D.C.
July 15 D/HH Event, St. Paul (14 participants)
July 16 Presentation, Minneapolis (80 participants)
July 17-18 Presentation, Minneapolis (15 participants)
July 19 Presentation, St. Paul (75 participants)
July 20 D/HH Event, Duluth (125 participants)
July 22 D/HH Event, St. Paul (18 participants)
July 23 One-on-One Presentation, Rosemount (1 participant)
July 25 Presentation, Minneapolis (3 participants)
July 30 Hard-of-Hearing Event, Brooklyn Park (3 participants)
Total Presentations: 10
Total Participants: 350

<center>Speech-to-Speech</center>

Nikki:

July 2 Northtown Central Library, Blaine (1 participant)

July 2 Crooked Lake Branch Library, Coon Rapids (2 participants)

July 2 Mississippi Branch Library, Fridley (1 participant)

July 3 Centennial Branch Library, Circle Pines (2 participants)

July 3 Northdale Branch Library, Coon Rapids (1 participant)

July 3 North Central Branch Library, Ham Lake (2 participants)

July 3 Johnsonville Branch Library, Blaine (1 participant)

July 8 North Country Regional Hospital, Rehab, Bemidji (11 participants)

July 8 MN Workforce Center, Bemidji (3 participants)

July 8 Developmental Achievement Center, Bemidji (3 participants)

July 8 Manas Foster Homes, Bemidji (1 participant)

July 8 Beltrami County Public Health Nursing Service, Bemidji (18 participants)

July 8 Homefront Care, Inc., Bemidji (1 participant)

July 8 North Country Home Care, Bemidji (5 participants)

July 8 Touch of Home, Bemidji, 2 (participants)

July 8 Goal Oriented Assisted Living, Bemidji (1 participant)

July 8 Eagles Wing Foster Home, Bemidji (1 participant)

July 8 Havenwood Care Center, Bemidji (2 participants)

July 8 North Country Nursing and Rehab Center, Bemidji (5 participants)

July 8 Baker Park, Inc., Bemidji (1 participant)

July 8 Heritage Home, Bemidji (1 participant)

July 8 Beltrami County Human Services, Bemidji (2 participants)

July 8 Archdeacon Gilfillian Center, Bemidji (2 participants)

July 8 REM Northstar, Bemidji (15 participants)

July 8 Spruce Woods Apartments, Bemidji (2 participants)

July 9 Cass County Public Health Nursing Service, Walker (3 participants)

July 17 MN Veterans Home Staff, Minneapolis (4 participants)

July 17 MN Veterans Home Staff, Minneapolis (3 participants)

July 18 MN Veterans Home Staff, Minneapolis (3 participants)

July 18 MN Veterans Home Staff, Minneapolis (2 participants)

July 18 MN Veterans Home Staff, Minneapolis (3 participants)

July 18 MN Veterans Home Staff, Minneapolis (5 participants)

July 30 Lake Regional Hospital Rehab, Fergus Falls (1 participant)

July 30 MN Workforce Center, Fergus Falls (3 participants)

July 30 Broen Memorial Home, Fergus Falls (2 participants)

July 30 MN Veterans Home, Fergus Falls (6 participants)

July 30 Pioneer Care Center, Fergus Falls (1 participant)

July 30 Lake Region Home Health Care, Fergus Falls (1 participant)

July 31 Ottertail County Public Health Nursing Service, Fergus Falls (16 participants)

July 31 Pioneer Senior Cottages, Fergus Falls (1 participant)

July 31 Productive Alternatives, Inc., Fergus Falls (6 participants)

July 31 Lutheran Social Services of Ottertail County, Fergus Falls (5 participants)

July 31 Homework Center, Inc., Fergus Falls (7 participants)

July 31 Golden Manor of Fergus Falls, Fergus Falls (3 participants)

July 31 Northwestern Manor, Fergus Falls (1 participant)

July 31 Pioneer Pointe, Fergus Falls (2 participants)

July 31 Pioneer Retirement Community, Fergus Falls (1 participant)

July 31 The Mill Street Residence, Fergus Falls (2 participants)

July 31 East Vernon Home, Fergus Falls (1 participant)

July 31 Arlington Home, Fergus Falls (1 participant)

July 31 Fergus Falls Regional Treatment Center, Fergus Falls (4 participants)

Total Presentations: 51

Total Participants: 173

Sara:
July 1   Outcomes Inc. Homecare Services, North St. Paul (3 participants)
July 1   Family Means Community Center, Stillwater (4 participants)
July 8   Oakdale Library Information Services, Oakdale (4 participants)
July 8   The Rivers Assisted Living Residence Council, Eagan (8 participants)
July 9   Y.e.s. Assistive Technology Support Group, S.E. Minneapolis (9 participants)
July 10 Park Crest Family Clinic, North Minneapolis (3 participants)
July 10 North Memorial Family Clinic, North Minneapolis (4 participants)
July 10 St. Olaf's Healthcare Center, North Minneapolis (3 participants)
July 10 Fremont Family Clinic, North Minneapolis (3 participants)
July 10 North Public Library Information Services, North Minneapolis (1 participant)
July 10 North Oaks Healthcare Center, North Minneapolis (2 participants)
July 22 Children's Hospital Education Services, St. Paul (2 participants)
July 22 United Hospital Administration Staff, St. Paul (61 participants)
July 22 Capitol Neurology, St. Paul (3 participants)
July 22 Neurosurgery Association, St. Paul (12 participants)
July 22 United Rehab Physicians, St. Paul (2 participants)
July 22 Minnesota Surgical Association, St. Paul (9 participants)
July 23 Stillwater Services-City Hall, Stillwater (4 participants)
July 23 Linden Healthcare Services-City Hall, Stillwater (3 participants)
July 23 Senior Center and Vol. Services, Stillwater (2 participants)
July 30 Eastside Community Resources, Columbia Heights (1 participant)
July 30 Kensington Assisted Living, St. Anthony Park (3 participants)
July 30 Walker Methodist on Kensington Assisted Living, St. Anthony Park (2 participants)
July 30 Autumn Woods Assisted Living (1 participant)
July 31 Boutwells Landing Assisted and Senior Living, Oak Park Heights (3 participants)
Total Presentations: 25
Total Participants: 152

During July, an interview regarding Speech to Speech was aired on Northwest Cable Television's Community Journal Program. The 3-minute interview aired 21 times during a 7-day period. NWCT is broadcast in 62,000 homes in the Northwest Metro area.

August 2002

August 2   D/HH Event, Staples (6 participants)
August 5   D/HH Event, Coon Rapids (12 participants)
August 6   D/HH Event, St. Paul (16 participants)
August 8   Hard-of-Hearing Event, Roseville (16 participants)
August 10 Hard-of-Hearing Event, Shorewood (13 participants)
August 14 D/HH Event, St. Paul (18 participants)
August 22 - September 2 Minnesota State Fair Exhibition (16,000 participants)
Total Presentations: 18
Total Participants: 16,081

Speech-to-Speech
Sara:
August 1   Oak Ridge Place Healthcare (participants 3)
August 1   Birchwood Healthcare (6 participants)
August 1   Kilkenny Assisted Living (2 participants)
August 1   Whispering Pines Assisted Living, Forest Lake (2 participants)
August 1   Allina Medical Family Clinic Forest Lake (2 participants)
August 1   East Services Resources, Forest Lake (1 participant)
August 7   Interdependence Waivered Services, St. Paul (2 participants)

August 7 Pineview Adult Residence, St. Paul (2 participants)
August 12 Ataxia Foundation, Plymouth (6 participants)
August 13 Community Involvement Program (62 participants)
August 14 TSE Inc., Roseville (2 participants)
August 12 Southdale Library Resource Center (4 participants)
August 12 Southdale Hennepin County Service Center (1 participant)
August 13 St. Paul Public Library (8 participants)
August 20 St. Joseph's Children's Home (12 participants)
August 20 Nokomis Library Resource Center (2 participants)
August 20 Chrysalis Resource Center (3 participants)
August 20 Cigna Health Care, Mendota Heights (1 participant)
August 20 Consolidated Medical Services, Mendota (9 participants)
August 21 Salvation Army Staff (42 participants)
August 27 White Bear Lake Library Resource Center (3 participants)
August 27 White Bear Lake Senior Center (2 participants)
August 21 The Arbors Senior Housing (3 participants)
August 28 Metro Work Center Adult Day Care (1 participant)
August 28 C.L.U.E.S Hispanic Center (1 participant)
August 28 Lake Street Hennepin Medical Center (40 participants)
August 28 Lake Street Library Resource Center (2 participants)
August 28 Village Community Resource Center (1 participant)
Total Presentations: 28
Total Participants: 225

Nikki:
August 6 Camp Courage, Maple Lake (4 participants)
August 8 STS Sponsored Softball Tourney Promotion, St. Paul (15 participants)
August 9 STS Sponsored Softball Tourney Promotion, St. Paul (15 participants)
August 12 STS Sponsored Softball Tourney Promotion, St. Paul (10 participants)
August 13 Osseo Community Library and Community Center, Osseo (5 participants)
August 13 Columbia Heights Area Library, Columbia Heights (2 participants)
August 16 STS Sponsored Softball Tournament, St. Paul (60 participants)
August 20 United Hospital District, Blue Earth (3 participants)
August 20 STEP of Blue Earth, Blue Earth (8 participants)
August 20 Cedar Valley Services - Alpha Program, Albert Lea (2 participants)
August 20 Parker Oaks, Winnebago (4 participants)
August 20 Parkview Care Center, Wells (2 participants)
August 20 St. Luke's Lutheran Care Center, Blue Earth (4 participants)
August 20 Faribault County Library Service, Blue Earth (1 participant)
August 20 Faribault County Human Services, Blue Earth (6 participants)
August 20 Friendship Home of Wells, Wells (participant)
August 20 Friendship Lane, Blue Earth (2 participants)
August 20 Nicollet Place, Blue Earth (1 participant)
August 20 Parker Oaks Assisted Living, Winnebago (1 participant)
August 20 The Shepherd's Inn, Wells (2 participants)
August 20 United Hospital Home Health Care Service, Blue Earth (3 participants)
August 20 Adolescent Treatment Center, Winnebago (2 participants)
August 20 Wells Public Library, Wells (1 participant)
August 20 Wells Community Center, Wells (1 participant)
August 20 Muir Library, Winnebago (1 participant)
August 20 Blue Earth Community Library, Blue Earth (2 participants)
August 22 Booth, Minnesota State Fair
August 23 Booth, Minnesota State Fair
August 26 Booth, Minnesota State Fair
August 27 Booth, Minnesota State Fair
August 28 Booth, Minnesota State Fair

August 29 Booth, Minnesota State Fair
August 30 Booth, Minnesota State Fair
Total Presentations: 33
Total Participants: 158

September 2002

September 9 D/HH Event, St. Paul (35 participants)
September 10 Three Presentations-SCTC & College of St. Scholastic (47 participants)
September 11 Two Presentations-Chaska High School (66 participants)
September 12 D/HH Event, Minneapolis (17 participants)
September 14 Hard-of-Hearing Even, Minneapolis (15 participants)
September 16 D/HH Event, St. Paul (39 participants)
September 17 D/HH Event, Coon Rapids (7 participants)
September 18 Four Presentations-University of Minnesota (122 participants)
September 19 Five Presentations-University of Minnesota (161 participants)
September 20 D/HH Event, Faribault (79 participants)
September 22 Hard-of-Hearing Event, Golden Valley (participants 48)
September 23 D/HH Event, St. Paul (51 participants)
September 25 Exhibition-Minnesota Relay Open House (65 participants)
September 26 Kiwana's Club, Moorhead (38 participants)
September 28 Exhibition-Aware Fair, St. Paul (2,500 participants)
September 30 Three Presentations-Lakeville High School (97 participants)
Total Presentations: 28
Total Participants: 3,290

Speech-to-Speech
Nikki:
September 5 Northwest Community TV Presentation Taping, Brooklyn Park (7 participants)
September 10 Ataxia Support Group, New Hope (14 participants)
September 11 Flying Wheels Travel (Special Needs Travel Service), Owatonna (3 participants)
September 11 Cedar Valley Services ABL (Adult Program), Owatonna, (2 participants)
September 11 Owatonna Public Library, Owatonna, (3 participants)
September 11 Straight River Enterprises (Adult Program), Medford (5 participants)
September 12 Lake Minnetonka Cable Commission, Spring Park (2 participants)
September 17 One-on-One STS Training, Worthington (1 participant)
September 17 Worthington Regional Hospital, Worthington (6 participants)
September 17 Minnesota Workforce Center, Worthington (11 participants)
September 17 Nobles County Library, Worthington (2 participants)
September 17 Crossroads Care Center, Worthington (1 participant)
September 17 South Shore Care Center, Worthington (4 participants)
September 17 The Atrium (Public Housing), Worthington (3 participants)
September 17 Nobles County Family Service Agency, Worthington (3 participants)
September 17 Nobles/Rock County Public Health Nursing Service, Worthington (6 participants)
September 17 Southwest Minnesota Opportunity Council, Worthington (4 participants)
September 17 The Meadows, Worthington (5 participants)
September 17 The Achievement Center (Adult Program), Worthington (25 participants)
September 17 Worthington Regional Home Care, Worthington (1 participant)
September 17 CCS, Inc., Ridgewood (Group Home), Worthington (4 participants)
September 17 McMillan Home, Worthington (1 participant)
September 17 Unity House, Worthington (3 participants)
September 17 Nobles County DAC (Adult Program), Worthington (4 participants)
September 18 Jackson Medical Center, Jackson (2 participants)
September 18 Cottonwood/Jackson County Health Service, Jackson (11 participants)
September 18 The Pines, Jackson (1 participant)

September 18 Jackson Family Services, Jackson (2 participants)
September 18 Jackson County Human Services (5 participants)
September 18 Jackson Good Samaritan Center, Jackson (2 participants)
September 24 Eventide Lutheran Home, Moorhead (3 participants)
September 24 Minnesota Workforce Center, Moorhead (12 participants)
September 24 Access, Inc., (HMCR), Moorhead (3 participants)
September 24 Clay County Public Health Department, Moorhead (5 participants)
September 24 Coram Alternative Site Services, Inc., (HMCR), Moorhead (3 participants)
September 24 Eventide Fairmont, Moorhead (1 participant)
September 24 Northside Retirement Home, Moorhead (1 participant)
September 24 The Evergreens of Moorhead, Moorhead (1 participant)
September 24 The Social Connection (Adult Program), Moorhead (2 participants)
September 24 Connections of Moorhead (Adult Program), Moorhead (2 participants)
September 24 Clay County Social Services, Moorhead (2 participants)
September 30 Suburban Community Cable Commission, White Bear Lake (1 participant)
Total Presentations: 42
Total Participants: 179
Total One-on-One Outreach: 1

Sara:
September 18 St. Paul Library, St. Paul (32 participants)
September 23 Hennepin County Government Center-IT, Minneapolis (1,600 participants)
September 23 Hennepin County Medical Center-IT, Minneapolis (2 participants)
September 23 Hennepin County Medical Center-Health Info. Services, Minneapolis (2 participants)
September 23 Hennepin County Medical Center-Patient Representatives, Minneapolis (3 participants)
September 24 C.L.U.E.S Medical Center, Minneapolis (2 participants)
September 24 C.L.U.E.S Education Center, Minneapolis (2 participants)
September 24 Resource Center of the Americas, Minneapolis (2 participants)
Total Presentations 8
Total Participants 1,645

STS was featured in a 30minute interview on Northwest Community Television's Cable Access Program, "Seniors on Screen." The program was broadcast 4 times during the week of Sept 15. NWCT is broadcast into 62,000 homes in the NW Metro area. Estimated viewership of the program is several hundred.

October 2002

October 1 Two Presentations, Park High School (62 participants)
October 1 D/HH Event, St. Paul (75 participants)
October 2 D/HH Event, Inver Grove Heights (11 participants)
October 12 DHH Event, Long Lake (22 participants)
October 14 D/HH Event, St. Paul (46 participants)
October 15 Presentation, MEC Job Club (11 participants)
October 16 D/HH Event, Inver Grove Heights (12 participants)
October 21 Presentation, Brooklyn Park (14 participants)
October 22 Four Presentations, Faribault (65 participants)
October 24 Exhibition, Minneapolis (178 participants)
October 26 D/HH Event, St. Paul (85 participants)
October 28 D/HH Event, St. Paul (43 participants)
October 29 D/HH Event, Minneapolis (42 participants)
October 30 Exhibition, Plymouth (84 participants)
October 30 Presentation, St. Cloud (16 participants)
October 31 D/HH Event, Inver Grove Heights (7 participants)
Total Presentations: 20
Total Participants: 773

Cable update: Suburban Community Channels (SCC) Public Access Channel broadcast the informational Speech-to-Speech video periodically throughout the month of October. There are 38,000 homes in the north suburbs of St. Paul that receive SCC programming.

Our televised ads are still being infrequently advertised. Two consumers have called this month due to seeing the ads.

Speech-to-Speech

Nikki:
October 2 Lindstrom Public Library, Lindstrom (2 participants)
October 2 Hazelden Treatment Facility, Center City (3 participants)
October 2 North Branch Area Library, North Branch (2 participants)
October 2 Taylor's Falls Public Library, Taylor's Falls (1 participant)
October 2 Uptown Maple Commons, North Branch (1 participant)
October 2 Chisago Lakes Achievement Center, Chisago City (4 participants)
October 9 Booth @ Bloomington Job Fair for the Disabled, Bloomington (150 participants)
October 10 Opportunity Partners, Plymouth (27 participants)
October 12 Booth @ United Cerebral Palsy Conference, St. Paul (35 participants)
October 17 Homework Center (Adult Program), Fergus Falls (17 participants)
October 18 Lakewood Health System, Staples (2 participants)
October 18 Tri-County Hospital, Wadena (4 participants)
October 18 Minnesota Workforce Center, Wadena (2 participants)
October 18 Next Step Group Home, Staples (1 participant)
October 18 Mary Rondoff Retirement Home, Staples (1 participant)
October 18 Pembina Trail Group Home, Wadena (6 participants)
October 18 Thread Shed II (Adult Program), Staples (3 participants)
October 18 Staple Hi-Rise Public Housing, Staples (2 participants)
October 18 Fair Oaks Lodge Nursing Home, Wadena (2 participants)
October 18 Lakewood Nursing Home, Staples (1 participant)
October 18 Wadena County Social Services Center, Wadena (3 participants)
October 18 Greater Staples Hospital Home Care, Staples (4 participants)
October 18 Shady Lane Nursing Home, Wadena (1 participant)
October 18 Tri-County Home Health Care, Wadena (6 participants)
October 18 Wadena County Public Health Department, Wadena (3 participants)
October 18 Staples Public Library, Staples (1 participant)
October 18 Comfort Care Cottages, Wadena (1 participant)
October 18 Fair Oaks Apartments, Wadena (1 participant)
October 18 Todd County DAC, Browerville (5 participants)
October 24 Booth @ NE Minneapolis Senior Fair, Minneapolis (40 participants)
October 25 St. Michael's Hospital and Nursing Home, Sauk Centre (3 participants)
October 25 St. Michael's Home Care, Sauk Centre (1 participant)
October 25 Bryant Library, Sauk Centre (1 participant)
October 25 Thread Shed III (Adult Program), Sauk Centre (4 participants)
October 25 Riverview Manor/Sauk Center HRA, Sauk Centre (2 participants)
Total Presentations: 35
Total Participants: 342

Sara:
October 1 Opportunity Partners, Minnetonka (32 participants)
October 1 Opportunity Partners (27 participants)
October 1 Augustana Chapel View Senior Center (2 participants)
October 1 Open Circle Senior Day Center (2 participants)
October 2 Whispering Pines Assisted Living, Forest Lake (11 participants)
October 2 Kilkenny Senior Resident Council, Forest Lake (15 participants)
October 2 Forest Lake Library Resources and Information, Forest Lake (2 participants)

October 3 Ramsey Nursing Home, St. Paul (3 participants)
October 3 Phoenix Alternative Day Facility, White Bear Lake (25 participants)
October 9 Medica Health Care Providers, Make (1 participant)
October 16 Success Homes, St. Louis Park (1 participant)
October 16 Covenant Manor, Golden Valley (2 participants)
October 16 Colonial Acres Health Care, Golden Valley (2 participants)
October 17 St. Paul Public Housing, St. Paul (33 participants)
October 17 Eastern Suburban Resources Adult Day Facility, Stillwater (8 participants)
October 17 Central Medical Clinic, St. Paul (2 participants)
October 17 Internal Medicine, St. Paul (2 participants)
October 21 Outcomes Resources North St. Paul (12 participants)
October 22 Bethesda Hospital Speech Pathology, St. Paul (16 participants)
October 22 Lifeworks Resources, St. Paul (2 participants)
October 22 Minnesota Rise Education Resources, St. Paul (2 participants)
October 22 Community Human Resources Rehab Center, St. Paul (2 participants)
October 23 One-on-One Outreach, Forest Lake (1 participant)
October 23 One-on-One Outreach, Forest Lake (1 participant)
October 23 Health East Senior Residence, Forest Lake (2 participants)
October 24 One-on-One Outreach, Brooklyn Center (1 participant)
October 28 St. Paul Public Housing (42 participants)
October 28 Presbyterian Senior Home, St. Paul (2 participants)
October 29 Opportunity Partners Adult, Blaine (4 participants)
October 29 Hudson Group Home, Blaine (1 participant)
October 29 Allina Medical Clinic, Blaine (2 participants)
Total Presentations: 31
Total Participants: 260
Total One-on-One Presentations: 3

November 2002

November 2 D/HH Event, St. Paul (46 participants)
November 4 D/HH Event, St. Paul (43 participants)
November 6 Hard-of-Hearing Event, Minneapolis (8 participants)
November 7 D/HH Event, Inver Grove Heights (6 participants)
November 8 Deaf Event-St. Paul (12 participants)
November 9 Hard-of-Hearing Event, Minneapolis (12 participants)
November 11 Four Presentations-Apollo High School, St. Cloud (130 participants)
November 11 D/HH Event, St. Paul (48 participants)
November 12 D/HH Event, Minneapolis (23 participants)
November 14 D/HH Event, Coon Rapids (6 participants)
November 15 Qwest Advisory Meeting (14 participants)
November 16 Deaf/Blind Event, St. Paul (78 participants)
November 18 Three Presentations-Apollo High School, St. Cloud (97 participants)
November 18 D/HH Event, St. Paul (38 participants)
November 21 Exhibition-Hubbs, St. Paul (55 participants)
November 21 D/HH Event, Inver Grove Heights (14 participants)
November 25 D/HH Event, St. Paul (46 participants)
Total Presentations: 22
Total Participants: 676

Nikki:
November 5 Booth-The Heathers Senior Fair, Crystal (50 participants)
November 6 Blaine Community TV, Blaine (2 participants)
November 8 Valley Access Channels, Stillwater (3 participants)
November 11 Opportunity Partners, Blaine (22 participants)
November 12 Interview Taping-Blaine Comm TV, Blaine (2 participants)
November 14 Southwest Community Television, Cottage Grove (2 participants)
November 18 One-on-One, Plymouth (1 participant)
November 20 Renville County Hospital Rehabilitation, Olivia (3 participants)
November 20 Renville County Human Services, Olivia (2 participants)
November 20 Olivia Public Library, Olivia (2 participants)
November 20 Crossroads Assisted Living, Renville (3 participants)
November 20 Elmwood Estates Assisted Living, Bird Island (2 participants)
November 20 Meadows on Main Assisted Living, Renville (3 participants)
November 20 Renville County Public Health Service, Olivia (11 participants)
November 20 Westview Estates Assisted Living, Buffalo Lake (1 participant)
November 20 Renville Community Library, Renville (1 participant)
November 20 Buffalo Lake Health Care Center, Buffalo Lake (1 participant)
November 20 Ren-Villa Nursing Home, Renville, (1 participant)
November 20 Renville County Community Residence, Bird Island (3 participants)
November 21 Redwood Area Hospital Rehabilitation, Redwood Falls (3 participants)
November 21 Redwood County Human Services, Redwood Falls (7 participants)
November 21 Redwood Falls Public Library, Redwood Falls (2 participants)
November 21 Johnson Park Place Assisted Living, Redwood Falls (1 participant)
November 21 LBW and Associates Home Care, Redwood Falls (1 participant)
November 21 Rice Home Medical, Redwood Falls (2 participants)
November 21 Redwood County Public Health Service, Redwood Falls (12 participants)
November 21 Sunwood Good Samaritan Center, Redwood Falls (2 participants)
November 21 Wood Dale Home, Inc. Group Home, Redwood Falls (3 participants)
November 21 Service Enterprises West Adult Program, Redwood Falls (1 participant)
November 21 Service Enterprises East, Redwood Falls (2 participants)
November 21 Eastwood Home, Redwood Falls (1 participant)
November 21 Redwood Falls SOCS Group Home, Redwood Falls (1 participant)
November 21 Westwood Home, Redwood Falls (3 participants)
November 21 REM South Central Services, Redwood Falls (4 participants)
November 26 CTV, Roseville (2 participants)
Total Presentations: 35
Total Participants: 162
Total One-on-One: 1

Sara:
November 1 Edina Health Care Center, Edina (4 participants)
November 1 Hammer Residences, Wayzata (62 participants)
November 5 St. Paul Public Housing-Hamline Highrise (70 participants)
November 5 St. Paul Public Housing-Montreal Highrise (25 participants)
November 6 Outcomes Resources, North St. Paul (11 participants)
November 6 Sunrise Assisted Living Edina (4 participants)
November 6 Maranatha Health Care, Brooklyn Park (2 participants)
November 12 Wellington Assisted Living, St. Paul (2 participants)
November 12 St. Paul Public Housing-Wilson Highrise (32 participants)
November 12 St. Paul Public Housing-Cleveland Highrise (36 participants)
November 13 St. Paul Public Housing-Ravoux Highrise (36 participants)
November 13 St. Paul Public Housing-Edgerton Highrise (37 participants)
November 15 Opportunity Partners, Minneapolis (12 participants)
November 15 South Minneapolis Senior Center (2 participants)

November 15 Walker At Tree Tops, Minneapolis (2 participants)
November 15 Walker Senior Living, Minneapolis (participants 2)
November 18 St. Paul Public Housing-Wabasha Highrise (18 participants)
November 18 Quality Home Healthcare Burnsville (2 participants)
November 18 Park Nicollet Medical Clinic, Eagan (2 participants)
November 21 Alliance Assisted Living & Medical Supply, Burnsville (4 participants)
November 21 United Home Care, Burnsville (1 participant)
November 21 Health Partners Clinic, Eagan (2 participants)
Total Presentations: 22
Total Participants: 366

Cable Update: Approximately 45 minutes of Speech-to-Speech programming (30 minute interview and 15 minute informative video) was played several times throughout the month of November on Cable stations in Blaine, Cottage Grove and Stillwater. The broadcasts were aired in thousands of homes in the metro area. The CRO office has not received any calls from individuals wishing to obtain further information as a result of our cable outreach.

December 2002

December 2   D/HH Event, St. Paul (44 participants)
December 3   D/HH Event, Minneapolis (85 participants)
December 9   D/HH Event, St. Paul (43 participants)
December 10   D/HH Event, Coon Rapids (8 participants)
December 13   Deaf Event, St. Paul (14 participants)
December 14   Hard-of-Hearing Event, Burnsville (47 participants)
December 16   D/HH Event, St. Paul (51 participants)
December 20   School Event, Chaska (24 participants)
December 30   D/HH Event, St. Paul (52 participants)
Total Presentations: 9
Total Participants: 368

Speech-to-Speech

Sara:
December 3   St. Paul Public Housing-Valley (22 Participants)
December 4   St. Paul Public Housing-Front Street (15 participants)
December 10   Wellington Senior High-rise, Highland Park (4 participants)
December 12   PKT Adult Services, Minneapolis (19 participants)
December 13   Friendship Village Parkinson Support Group, Edina (8 participants)
December 13   The Colony At Eden Prairie, Participants: 4
December 13   Pioneer Estates of Minnesota (5 participants)
December 17   Minneapolis Public Housing-Initiative Dept. (2 participants)
December 17   Andrew Residence, Minneapolis (2 participants)
December 17   Augustana Health Care Center, Minneapolis (2 participants)
December 18   Plaza Senior High-rise, Highland Park (2 participants)
December 18   Woodstone Apartment, Highland Park (2 participants)
December 18   Sibley Manor Community, Highland Park (3 participants)
December 18   Little Sisters of the Poor Healthcare Center (4 participants)
December 18   One-on-One Outreach, Highland Park (1 participant)
Total Presentations: 15
Total Participants: 94
One-on-Ones: 1

Nikki:
December 5   Oakwood Elementary SEED Program, Plymouth (22 participants)
December 10   Wayzata High School Special Ed Class, Plymouth (30 participants)
December 18   Advocating Change Together Group, St. Paul (2 participants)

December 30 EBI, Inc., Duluth (2 participants)
December 30 Nekton (Group Home), Duluth (1 participant)
December 30 ESI of MN (Group Home), Duluth (3 participants)
December 30 KAWS Corporation (Group Home), Duluth (2 participants)
December 30 Options Vocational Program, Duluth (3 participants)
December 31 Interview Taping-KBJR TV6 (NBC Affiliate), Duluth (4 participants)
December 31 Choice, Unlimited (Adult Program), Duluth (6 participants)
December 31 Lutheran Social Services, Duluth (2 participants)
December 31 United Way of Greater Duluth (3 participants)
December 31 Courage Center, Duluth (1 participant)
December 31 North Pines Home (Group Home), Duluth (1 participant)
December 31 Kiminki Homes, Inc. (Group Home), Proctor (1 participant)
Total Presentations: 15
Total Participants: 83

Minnesota Stat. §237.10 Uniform rules, classifications, practices; forms.

It shall be the duty of the commission to prescribe uniform rules and classifications pertaining to the conduct of intrastate telephone business and a system of accounting to be used by telephone companies in transacting this business, and it shall prescribe and furnish blanks and forms for reports, all of which shall conform as nearly as practicable to the rules, classifications, accounting systems, and reports prescribed by the Federal Communications Commission for the interstate business of like size companies.

The commission shall by correspondence or conference where necessary use its best endeavors toward establishing uniformity in practice in all matters pertaining to regulation of the business of telephone companies between the federal government and state government of this and adjacent states.

HIST: (5293) 1915 c 152 s 8; 1969 c 1031 s 10; 1971 c 25 s 67; 1980 c 614 s 123

Minnesota Stat. §237.52 Telecommunications access Minnesota fund.

Subdivision 1. **Fund established.** A telecommunications access Minnesota fund is established as an account in the state treasury. Earnings, such as interest, dividends, and any other earnings arising from fund assets, must be credited to the fund.

Subd. 2. **Assessment.** The commissioner of commerce shall annually recommend to the commission an adequate and appropriate surcharge and budget to implement sections 237.50 to 237.56. The public utilities commission shall review the budget for reasonableness and may modify the budget to the extent it is unreasonable. The commission shall annually determine the funding mechanism to be used within 60 days of receipt of the recommendation of the department and shall order the imposition of surcharges effective on the earliest practicable date. The commission shall establish a monthly charge no greater than 20 cents for each customer access line, including trunk equivalents as designated by the commission pursuant to section 403.11, subdivision 1.

Subd. 3. **Collection.** Every telephone company or communications carrier that provides service capable of originating a telecommunications relay call, including cellular communications and other nonwire access services, in this state

shall collect the charges established by the commission under subdivision 2 and transfer amounts collected to the commissioner of administration in the same manner as provided in section 403.11, subdivision 1, paragraph (d). The commissioner of administration must deposit the receipts in the fund established in subdivision 1.

Subd. 4. **Appropriation.** Money in the fund is appropriated to the commissioner of commerce to implement sections 237.51 to 237.56.

Subd. 5. **Expenditures.** (a) Money in the fund may only be used for:

(1) expenses of the department of commerce, including personnel cost, public relations, advisory board members' expenses, preparation of reports, and other reasonable expenses not to exceed ten percent of total program expenditures;

(2) reimbursing the commissioner of human services for purchases made or services provided pursuant to section 237.53;

(3) reimbursing telephone companies for purchases made or services provided under section 237.53, subdivision 5; and

(4) contracting for establishment and operation of the telecommunication relay service required by section 237.54.

(b) All costs directly associated with the establishment of the program, the purchase and distribution of communication devices, and the establishment and operation of the telecommunication relay service are either reimbursable or directly payable from the fund after authorization by the commissioner of commerce. The commissioner of commerce shall contract with the message relay service operator to indemnify the local exchange carriers of the relay service for any fines imposed by the Federal Communications Commission related to the failure of the relay service to comply with federal service standards. Notwithstanding section 16A.41, the commissioner may advance money to the contractor of the telecommunication relay service if the contractor establishes to the commissioner's satisfaction that the advance payment is necessary for the operation of the service. The advance payment may be used only for working capital reserve for the operation of the service. The advance payment must be offset or repaid by the end of the contract fiscal year together with interest accrued from the date of payment.

HIST: 1987 c 308 s 3,8; 1988 c 621 s 4; 1992 c 518 s 2; 1993 c

272 s 12,13,17; 1995 c 190 s 5-7; 1995 c 201 s 1; 1Sp2001 c 4
art 6 s 63-65; 2002 c 329 s 3

Minnesota Rule 7810.6400 UNIFORM SYSTEM OF ACCOUNTING.

A telephone company shall maintain its records and accounts
in accordance with the applicable uniform system of accounts,
and shall file its annual report for the previous calendar year
on or before May 1 of each year on the report forms furnished by
the commission. Applicable schedules of such report forms shall
be completed in full.

Class A and class B telephone companies shall maintain
their accounts in accordance with the uniform systems of
accounts for class A and class B telephone companies prescribed
by the Federal Communications Commission. Class C telephone
companies shall maintain their accounts in accordance with the
uniform system of accounts for telephone companies prescribed by
this commission. Class D telephone companies shall maintain
such records as will enable them to complete the annual report
form prescribed and furnished by the commission.

STAT AUTH: MS s 237.10

Current as of 06/19/02

Appendix L

**Minnesota Relay Monthly Call Volumes for 2002,
Yearly Call Totals for 1998-2002,
Speech-to-Speech Monthly Call Volumes for 2002
and 2002 Relay Calls by Calling Device**

2002 Minnesota Relay Monthly Total Calls

Month	Total Calls
Jan-02	121,818
Feb-02	113,361
Mar-02	123,178
Apr-02	122,889
May-02	122,967
Jun-02	118,072
Jul-02	123,431
Aug-02	123,430
Sep-02	112,347
Oct-02	113,069
Nov-02	105,102
Dec-02	108,804

Total Minnesota Relay Calls by Year

Bar chart showing Total Minnesota Relay Calls by Year:
- 1998: 1,375,309
- 1999: 1,388,126
- 2000: 1,326,421
- 2001: 1,408,345
- 2002: 1,408,468
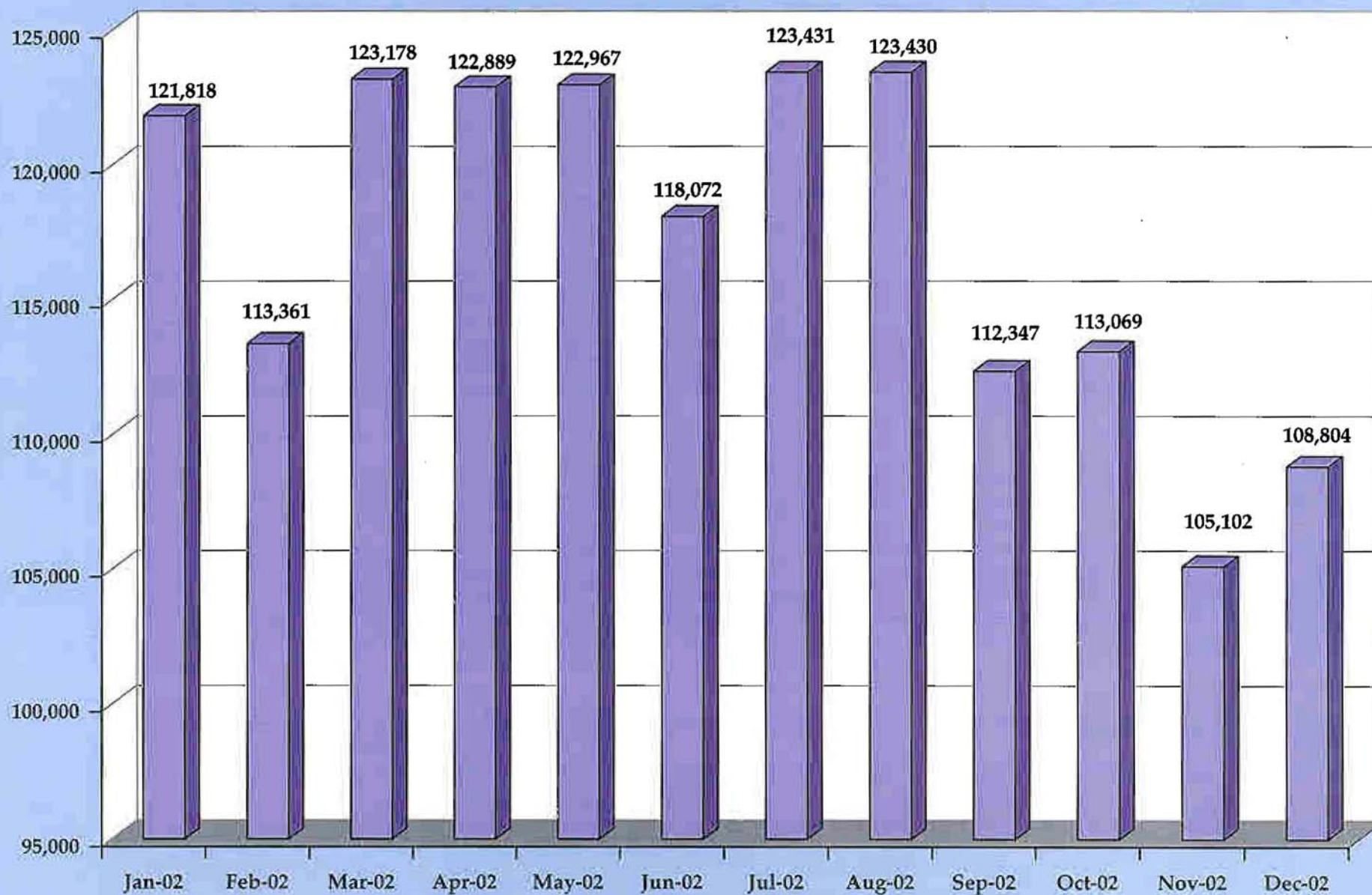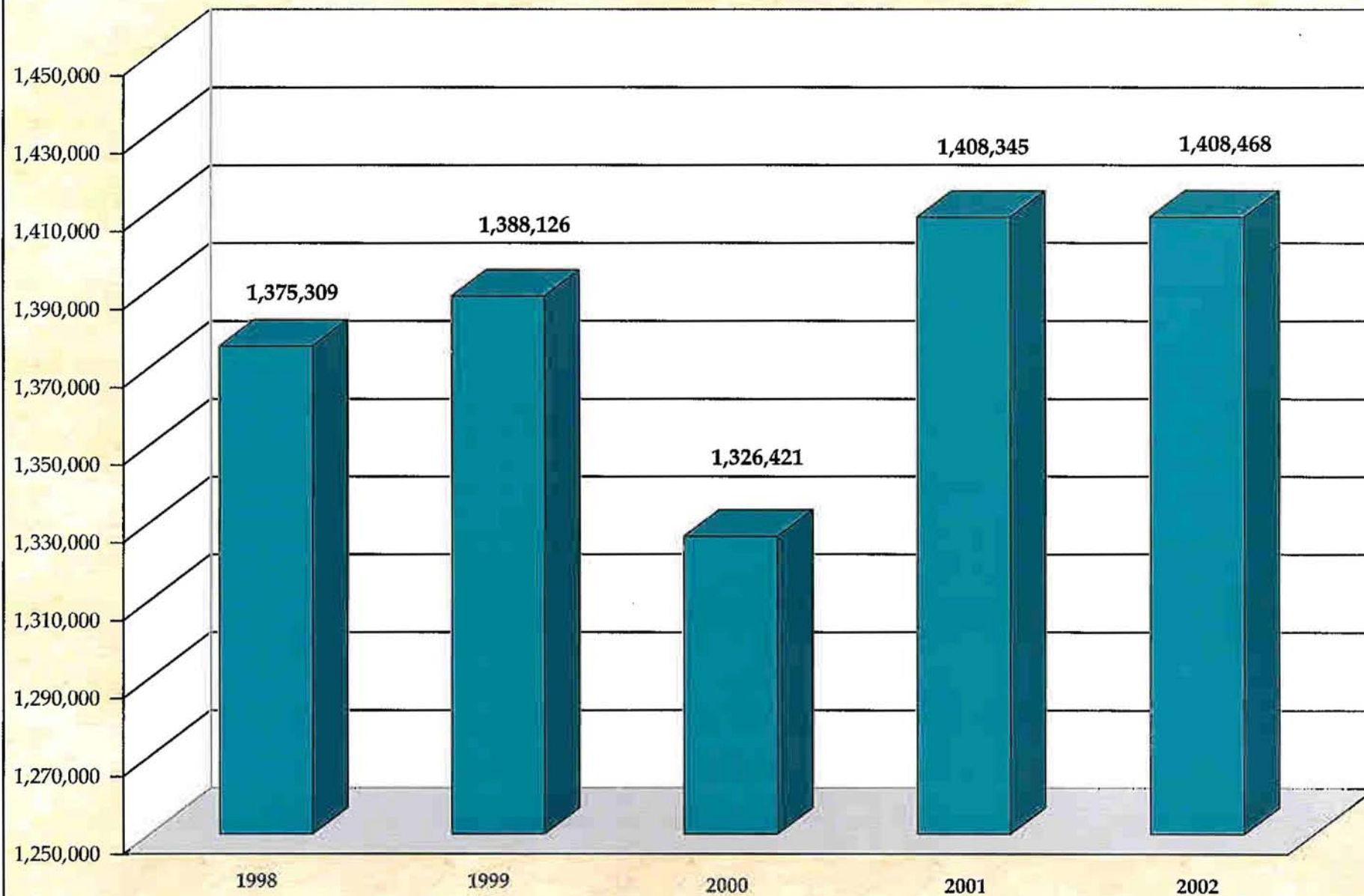
Speech-to-Speech Total Calls
2001-2002

Month	Calls
Jan-01	654
Feb-01	740
Mar-01	808
Apr-01	608
May-01	666
Jun-01	1,028
Jul-01	969
Aug-01	1,048
Sep-01	946
Oct-01	1,209
Nov-01	1,213
Dec-01	1,190
Jan-02	1,697
Feb-02	1,419
Mar-02	1,430
Apr-02	1,384
May-02	1,180
Jun-02	1,144
Jul-02	1,330
Aug-02	1,340
Sep-02	1,453
Oct-02	1,344
Nov-02	1,045
Dec-02	992

2002 Relay Calls by Calling Device

Voice
26.2%

ASCII
0.6%

VCO
3.2%

Blind/Deaf Baudot
0.002%

HCO
0.1%

Turbocode
25.1%

TTY-Baudot
44.9%
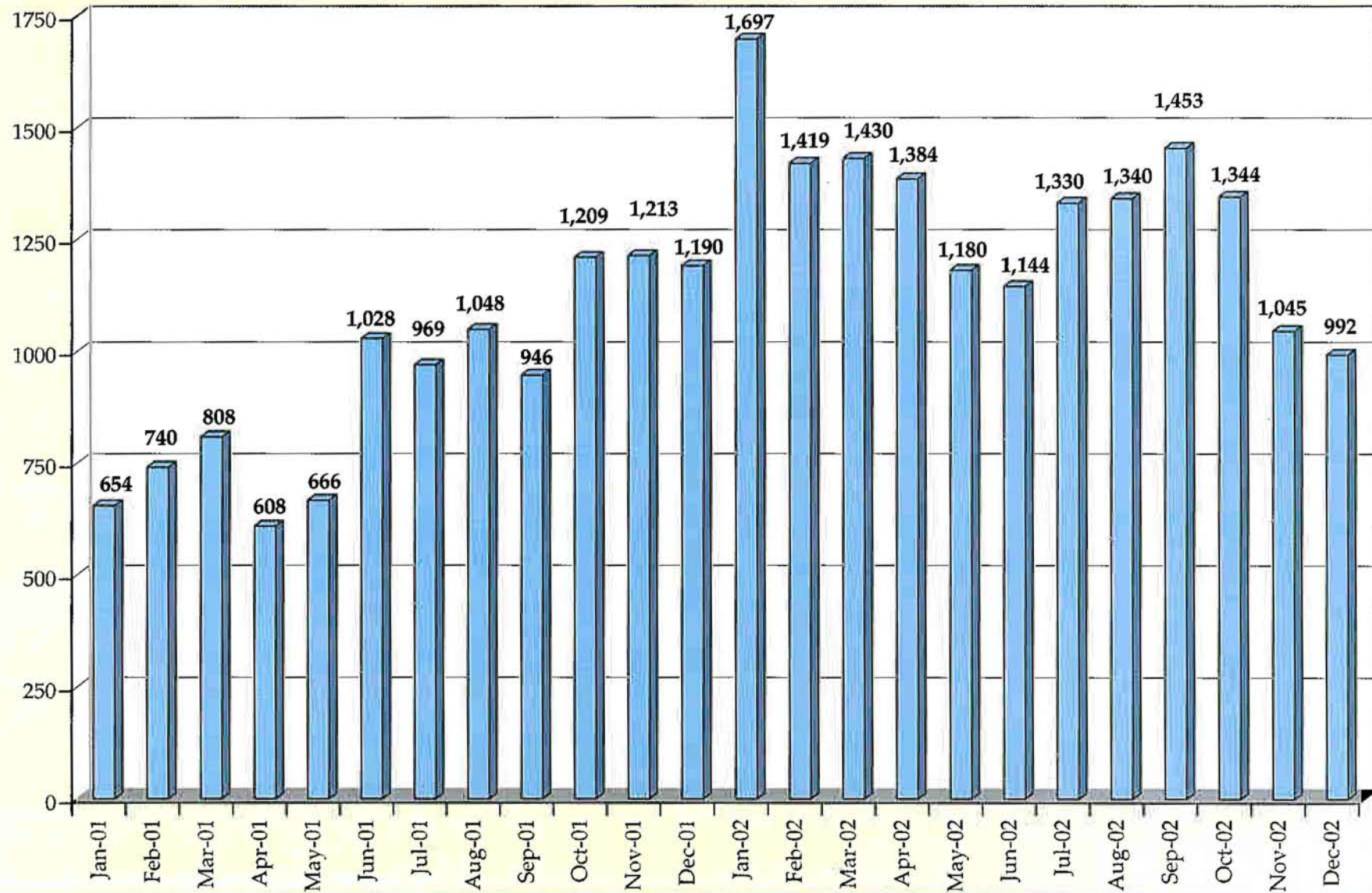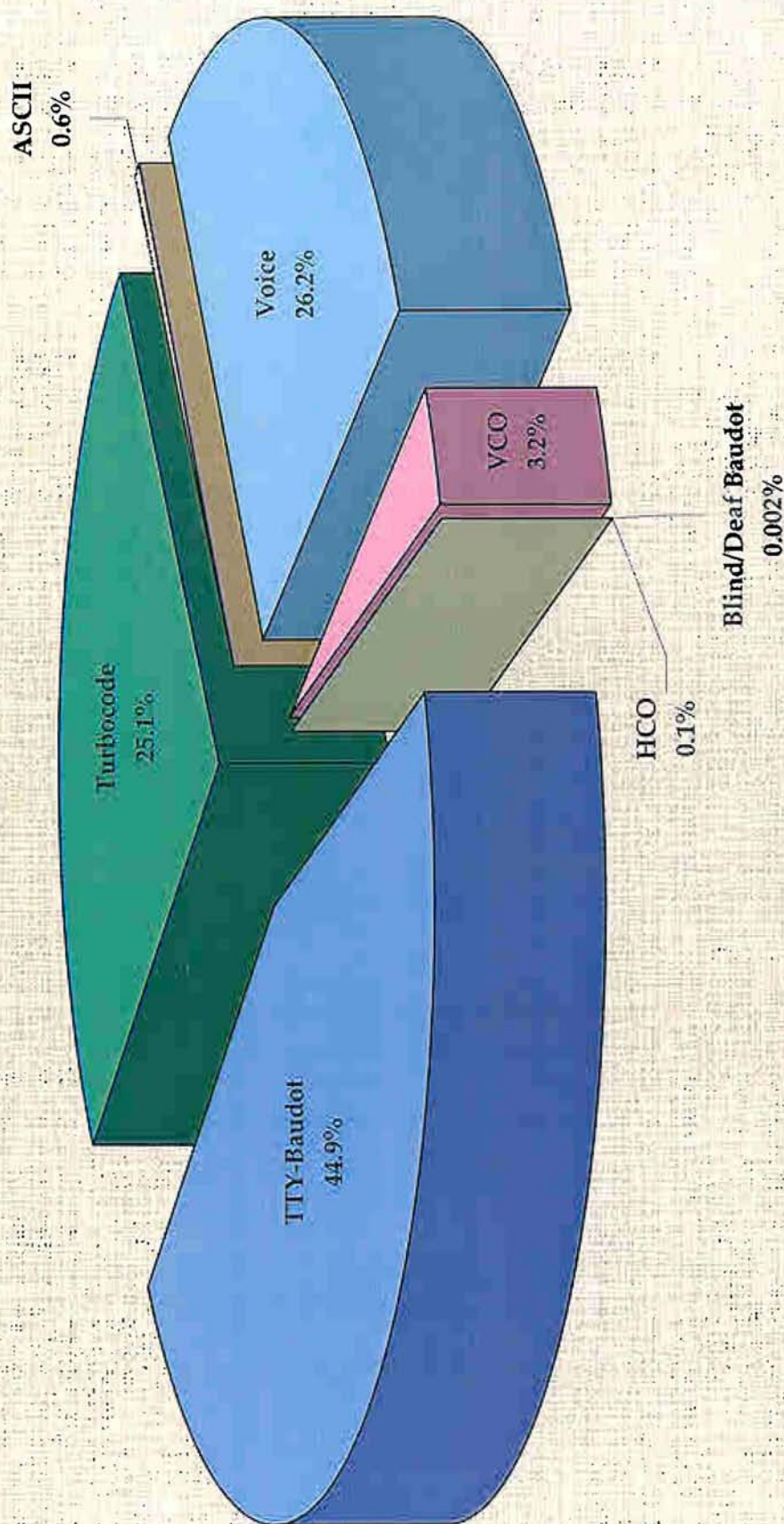
Appendix M

Deaf and Hard of Hearing Services Division
Organizational Chart

Minnesota Department of Human Services
Deaf and Hard of Hearing Services Division
2002 Organizational Chart

Quad-Agency Team
Department of Human Services,
Department of Children, Families and Learning,
Department of Economic Security, and Department of Health

Bruce Hodek
Director

Minnesota Commission Serving Deaf and Hard of Hearing People (MCDHH)

Alice LaBarre
Assistant Director

Lauren Hruska
TED Program Coordinator

Kate McMullen
Office Manager

Curt Micka
Strategic Policy Analyst

Cindy Otto
Northeast
Regional Manager

Carol Mermon
Northwest
Regional Manager

Rich Diedrichsen
Central
Regional Manager

Jeff Erickson
Southern
Regional Manager

Marie Koehler
Metro
Regional Manager

Assistant Administrator
Repair Specialist
Program Secretary
Shipping Clerk

Administrative Assistant
Computer Tech

Amy McQuaid
Program Development Supervisor

Administrative Assistant
Program Interpreter
Consultants
TED Program Specialist

Administrative Assistants
Program Interpreter
Consultants
TED Program Specialists

Administrative Assistant
Program Interpreter
Consultants
TED Program Specialists

Administrative Assistant
Program Interpreter
Consultants
TED Program Specialists

Administrative Assistant
Program Interpreter
Consultants
TED Program Specialists

Planners
Interpreter

Appendix N

Telephone Equipment Distribution Program Charts

2002 TED Program Activities

4,392

2,584

175

Participants   Devices Distributed   Presentations

Telephone Equipment Distribution Program
Types of Equipment Distributed in 2002

Amplified Phones
58.5%

Hands Free Phones
3.3%

Deaf/Blind
0.0%

Other
1.6%

TTY
3.6%

Ringer Signalers
33.0%

TED Program Activities To Date

Legend:
- ☐ Participants
- ☐ Devices Distributed
- ☐ Presentations

Data values:
- 81,193
- 36,352
- 3,148

Y-axis: 90,000 / 80,000 / 70,000 / 60,000 / 50,000 / 40,000 / 30,000 / 20,000 / 10,000 / 0
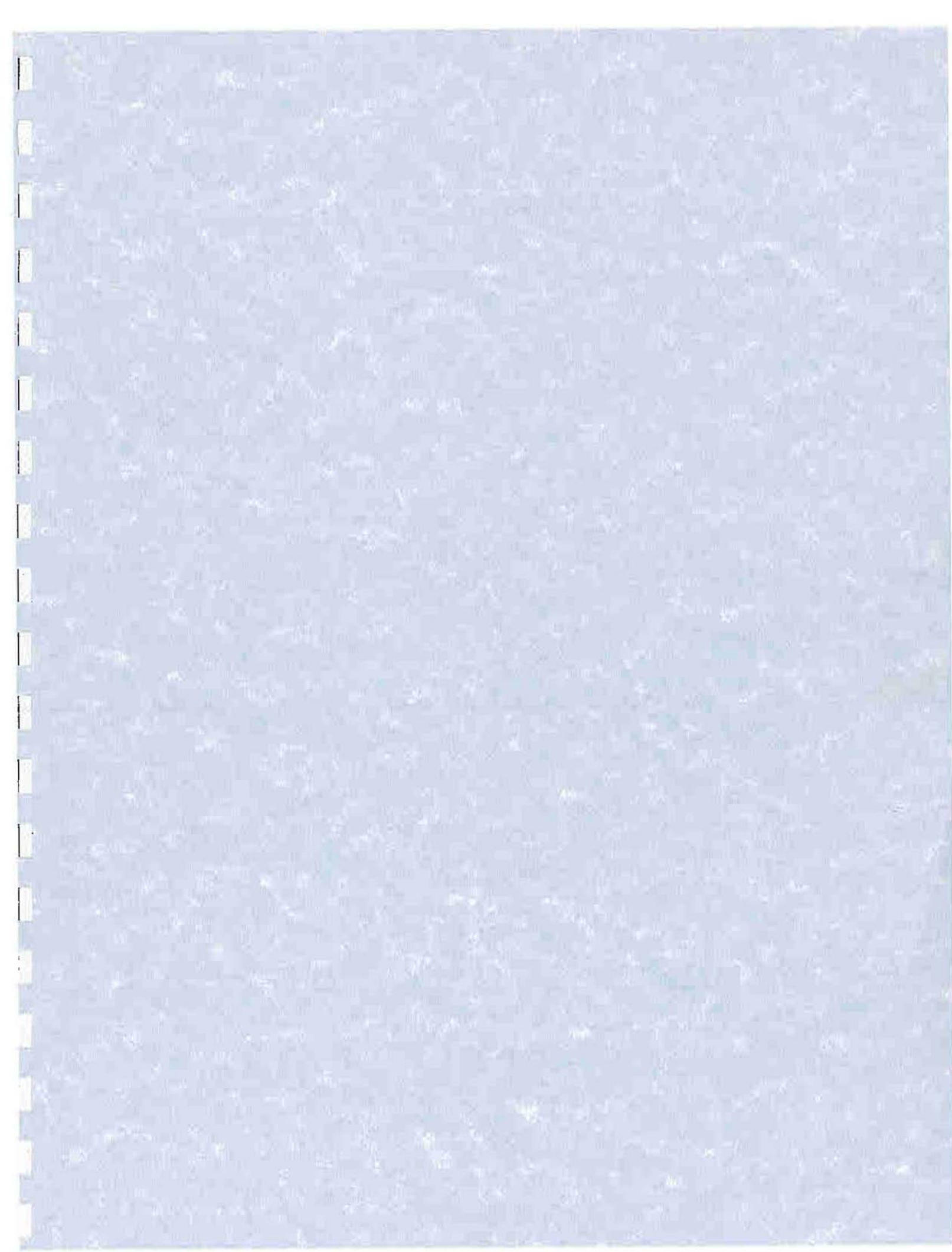
MINNESOTA DEPARTMENT OF COMMERCE
TELECOMMUNICATIONS ACCESS MINNESOTA

MINNESOTA RELAY
AND
TELEPHONE EQUIPMENT DISTRIBUTION PROGRAM

2003 ANNUAL REPORT TO THE
MINNESOTA PUBLIC UTILITIES COMMISSION
DOCKET NO. P999/CI-03-1940

JANUARY 31, 2004

TABLE OF CONTENTS

EXECUTIVE SUMMARY & PROGRAM HISTORY

In 1987, the Minnesota Legislature passed legislation creating the Telecommunications Access for Communication Impaired Persons (TACIP) Board for the purpose of making the telephone network in Minnesota accessible to communication-impaired persons (speech-, hearing-, and mobility-impaired). Two programs were established to accomplish this goal: the Minnesota Relay, which began service on March 1, 1989; and the Equipment Distribution Program (now re-named the Telephone Equipment Distribution [TED] Program), which began as a pilot program on October 1, 1988.

The Minnesota Relay is a federally mandated telecommunications system that allows persons using specialized telecommunications devices, or individuals with speech- or mobility-impairments, to communicate with persons using a standard telephone.

The TED Program provides specialized telecommunications equipment for eligible deaf, deaf-blind, hard-of-hearing, speech-impaired and mobility-impaired persons, which enables them to access the worldwide telecommunications network.

There have been significant changes and improvements to the Minnesota Relay since its early years of operation. In 1995, the Minnesota Legislature eliminated the TACIP Board and transferred the responsibility for the Minnesota Relay to the Minnesota Department of Public Service [now the Minnesota Department of Commerce[1] (DOC)]. The Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division (DHS-DHHSD), through an interagency agreement with the Department of Commerce, provides the Telephone Equipment Distribution Program (Minnesota Stat. § 237.51, Subd. 1). See organizational chart in Appendix A.

The 1995 legislation also gave the responsibility for gathering consumer input regarding the Minnesota Relay and TED Program to DHS-DHHSD.

In 1996, after careful consideration of the needs of relay users, the Department of Public Service -TACIP administration (DPS-TACIP) recognized that it was in the best interest of relay users, telephone ratepayers, and the Legislature to relieve the state of the burden of owning TRS equipment. It was apparent that the Minnesota Relay facility and its equipment had become severely outdated and beyond the point of overhaul. DPS-TACIP was faced with two options; spend millions of dollars for the purchase of new equipment, or contract with a qualified TRS vendor to provide continually upgraded equipment and software on a "lease" basis. It was decided that the best way to provide quality and cost effective relay services was to contract with a highly qualified TRS vendor.

Beginning on July 1, 1996, DPS-TACIP contracted with Communication Service for the Deaf (CSD) and Sprint Communications Company (Sprint) to provide

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[1] Effective September 15, 1999, the Governor, by executive order, merged the Departments of Public Service and Commerce.

Telecommunications Relay Services. While CSD provides the management and human resources components for the Minnesota Relay, Sprint is responsible for providing the relay facilities, maintenance and access to Sprint's fiber optic telecommunications network.

Under a separate subcontract, DPS-TACIP and CSD have established a Minnesota Relay Consumer Relations Office located in St. Paul, Minnesota. Since the Consumer Relations Office began operations in November 1996, it has conducted focus group meetings that are held annually to solicit input from a variety of relay users. Staffed by deaf, hearing, speech- and mobility-disabled personnel, the Consumer Relations Office is available to give presentations and provide outreach to any individual, group or organization in the state.

Another major decision facing DPS-TACIP after the contracts were awarded was where to locate the new relay center. DPS-TACIP concluded that it was most favorable to relocate the relay center from downtown St. Paul, to Moorhead, MN. The relocation was done for two primary reasons: economics and confidentiality. CSD was able to lease space in Moorhead at half of the downtown St. Paul rate. Confidentiality is essential and relay users are much more comfortable having their private conversations relayed by communication assistants who live and work hundreds of miles away.

On June 30, 1996, relay traffic originating in Minnesota was forwarded to relay centers operated jointly by CSD/Sprint. The new Minnesota Relay center located in Moorhead opened on December 16, 1996, and began relaying 95 percent of calls originating in Minnesota.

In April of 2000, DOC-TACIP, CSD and Sprint learned of City of Moorhead plans to demolish the Minnesota Relay center and other adjacent buildings located on a 23-acre tract, to make way for a proposed $50 million economic revitalization project.

Despite a long list of challenges, DOC-TACIP, Office of the Attorney General, Minnesota Department of Administration, CSD, Sprint, City of Moorhead, and the project's developers worked diligently to arrive at a solution to relocate the relay center within the new development's proposed office complex. The project's developers agreed to demolish the relay center last and build the proposed office complex first, thus enabling the Minnesota Relay to make a seamless transition from their old location to the new office complex on February 20, 2002.

Obtaining brand new office space designed specifically for the Minnesota Relay also allowed for a center expansion from 70 workstations to 114 workstations, thus creating more jobs and allowing the new center to process thousands more calls originating from 30 states and jurisdictions within the United States. Also, due to the expanded number of workstations and the professionalism and competence of Fargo-Moorhead area CAs, the Minnesota Relay was given the responsibility of serving as the back-up center for the Federal Relay Service. Minnesota Relay's services were first engaged by the Federal Relay on July 16, 2002, and these services will continue into the foreseeable future.

These vendor/state agency provided programs, as well as the administrative expenses of DOC-TAM, are funded by a $0.13 surcharge on all subscriber lines, including wireless communications lines and other non-wire telephone subscriber lines, in the state of Minnesota.

On April 8, 2002, the Governor of the state of Minnesota signed into law HF 3125. Effective August 1, 2002, the legislation changed the name of the TACIP program to Telecommunications Access Minnesota (TAM). DOC sought the name change at the request of relay users objecting to the inclusion of the word "impaired" in the TACIP acronym.

The procedures and remedies for enforcing any requirements imposed by the Telecommunications Relay Services (TRS) program fall under Minnesota Stat. §237.50-.57 and Minnesota Rules, Chapter 8775 (Appendix B).

This annual report is submitted to the Minnesota Public Utilities Commission in accordance with Minnesota Stat. §237.55, and provides information on the major activities of DOC-TAM during the year 2003. This report also comprises information on the operations of the Minnesota Relay and TED Program, as well as budgetary and statistical data.

TELECOMMUNICATIONS ACCESS MINNESOTA

TAM Administration

The Minnesota Relay and Telephone Equipment Distribution (TED) Program are administered by the Telecommunications Access Minnesota (TAM) program within the Department of Commerce. The relay center is provided to the state under contracts with Communication Service for the Deaf and Sprint Communications Company, LP. The TED Program is provided to the state under an interagency agreement with the Department of Human Services. The TAM administrator manages all vendor contracts and interagency agreements to ensure the provision of the Minnesota Relay and TED Program.

TAM Funding

The Minnesota Relay and TED Program, as well as the administrative expenses of TAM, are funded by a $0.13 fee charged monthly to each telephone access line in the state, including wireless phones.

Minnesota Stat. §237.49 states that "Each local telephone company shall collect from each subscriber an amount per telephone access line representing the total of the surcharges required under sections 237.52, 237.70, and 403.11. Amounts collected must be remitted to the commissioner of public safety in the manner prescribed in section 403.11. The commissioner of public safety shall divide the amounts received proportional to the individual surcharges and deposit them in the appropriate accounts. The commissioner of public safety may recover from the agencies receiving the surcharges the personnel and administrative costs to collect and distribute the surcharge. A company or the billing agent for a company shall list the surcharges as one amount on a billing statement sent to a subscriber."

TAM surcharges collected from telephone access lines are deposited into a dedicated account. Minnesota Stat. §237.52, Subd. 1, states "A telecommunications access Minnesota fund is established as an account in the state treasury. Earnings, such as interest, dividends, and any other earnings arising from fund assets, must be credited to the fund."

Minnesota Stat. §237.52, Subd. 2, states "The commissioner of commerce shall annually recommend to the commission an adequate and appropriate surcharge and budget to implement sections 237.50 to 237.56. The Public Utilities Commission shall review the budget for reasonableness and may modify the budget to the extent it is unreasonable. The commission shall annually determine the funding mechanism to be used within 60 days of receipt of the recommendation of the department and shall order the imposition of surcharges effective on the earliest practicable date. The commission shall establish a monthly charge no greater than 20 cents for each customer access line, including trunk equivalents as designated by the commission pursuant to section 403.11, subdivision 1."

Minnesota's Telecommunications Relay Services (TRS) program observes all jurisdictional separation of costs as required by the Federal Communications Commission's 47 C.F.R § 64.604 (c) (5), Section 410 of the Communications Act of 1934, Minnesota Stat. § 237.10, and Minnesota Rules, Chapter 7810.6400. All Minnesota Relay intrastate and interstate minutes are reported separately and distinctly to the state and are included in monthly Sprint invoices.

The local and intrastate minutes, including 49 percent of toll free and 900 minutes, are reimbursed through a fund established by the Minnesota Legislature. In accordance with Minnesota Stat. § 237.52, Subd. 3, "Every telephone company or communications carrier that provides service capable of originating a telecommunications relay call, including cellular communications and other nonwire access services, in this state shall collect the charges established by the commission under subdivision 2 and transfer amounts collected to the commissioner of public safety . . ." The interstate and international minutes, including 51 percent of toll free and 900 minutes[2], are reimbursed by the Telecommunications Relay Services (TRS) Interstate Fund administered by the National Exchange Carrier Association (NECA).

Costs for interstate and intrastate Video Relay Service (VRS) and Internet Relay (IP Relay) access and usage are recovered from the TRS Interstate Fund administered by NECA. Please note: VRS and IP Relay are not mandated by the FCC and are not currently provided on Minnesota's TRS platform. However, VRS and IP Relay are fully accessible to Minnesota consumers (free of charge) through a number of TRS providers who offer these services nationwide. As DOC-TAM does not contract for VRS and IP Relay, and all access and usage costs associated with these services are currently recovered from the TRS Interstate Fund, DOC-TAM is not responsible for any costs associated with the provision of VRS or IP Relay to Minnesota consumers.

Population Served

TAM serves Minnesotans who are deaf, deaf-blind, hard-of-hearing, speech- or mobility-impaired and hearing users of the Minnesota Relay.

In 2001, the U.S. Bureau of the Census set the general population in Minnesota to be approximately 5 million. Using this figure, it is estimated that *500,000* Minnesotans have some hearing loss; *68,000* are deaf and *430,000* are hard-of-hearing.

There are approximately 28 million deaf and hard-of-hearing people in the United States (about 1 in 10). Total or partial hearing loss is the most common disability in the country, and the numbers are likely to rise significantly with the aging of 76 million baby boomers. Hearing loss among those aged 46 to 64 has increased 26 percent over previous generations according to the National Health Interview Survey conducted by the National Center for Health Statistics. The significant increase in "premature" hearing loss can be attributed to baby boomer's greater exposure to loud noises (such as rock concerts, traffic, power tools, headsets, and the vast array of other electronics) than previous generations.

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[2] The FCC revised the payment formulas for toll free and 900 minutes on May 1, 2002 (CC Docket 90-571).

According to statistics, there are more baby boomers with hearing loss (10 million) than there are people over the age of 65 with hearing loss (9 million)[3].

Specific statistics on speech- and mobility-impaired individuals are not as readily available. However, in 1997 the U.S. Bureau of the Census estimated that 2,270,000 Americans age 15 and above have difficulty with speech[4], and that there were approximately 101,439 Minnesotans with a mobility limitation in 1990.

Hearing loss, speech impairments and mobility limitations affect more than just the people who are impaired. Deaf, deaf-blind, hard-of-hearing, speech- and mobility-impaired individuals have hearing people in their lives with whom they need to communicate: family members, friends, co-workers, and even emergency service personnel. Relay users also communicate by phone with a number of types of businesses such as take-out restaurants, doctors' offices, government agencies, and banks. Businesses, too, need to be able to use traditional telephones to contact current and potential customers who are deaf, deaf-blind, hard-of-hearing, speech- or mobility-impaired.

The Minnesota Relay and TED Program benefit a much larger population than just those who are deaf, deaf-blind, hard-of-hearing, speech- or mobility-impaired, as these individuals have relationships with non hearing-, speech- and mobility-impaired persons. The Minnesota Relay and TED Program help to insure that *all* Minnesotans are able to stay connected to people who are important to them.

TAM's Goal

The terms and conditions of the relay service provider contracts reflect TAM's goal to provide Telecommunications Relay Services (TRS) that exceed the quality of relay services available in other states. Given that CSD and Sprint are national leaders in the TRS industry and have the largest nationwide market share in the provision of TRS, DOC-TAM believes that the Minnesota Relay is among the most technologically advanced and reliable relay centers in the nation.

Role of the Public Utilities Commission

In accordance with Minnesota Stat. §237.55, DOC-TAM must submit its annual report to the Minnesota Public Utilities Commission (PUC). Each report must review the accessibility of the telephone system for users of the Minnesota Relay and the Telephone Equipment Distribution (TED) Program. In addition, the annual report includes a description of services provided by both the Minnesota Relay and TED Program, funds received and distributed annually for each component of the program, and plans for future operations.

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[3] Statistics sited by Starkey Laboratories (largest manufacturer of hearing aids in the United States).
[4] Disability status of the civilian non-institutionalized population.

DOC-TAM also submits its annual budget and surcharge recommendations to the PUC for approval. The commission reviews the TAM budget recommendations for reasonableness and may modify the budget to the extent it is determined unreasonable.

Captioned Telephone Trial

Captioned Telephone (CapTel) – In 2003/2004 TAM participated in a ten-month CapTel trial (April 1, 2003 – January 31, 2004). The purpose of this trial was to evaluate the CapTel technology for potential use as an additional form for providing TRS in Minnesota.

CapTel functions much the same as a standard telephone but also has an electronic text display similar to a TTY. However, the CapTel phone does not have a keyboard or require typing skills, which greatly increases access to telephone use. The user enters the phone number they want to call into the CapTel phone. The phone automatically dials the CapTel call center and transmits the called number. When the call reaches the CapTel center, the outgoing dialing automatically takes place. When connected to the called party, the CapTel user speaks directly to the called party as with a standard phone. When the called party replies, the voice (which can be amplified) is transmitted directly to the user, while simultaneously the incoming speech is displayed on the phone's display panel. The text version of the conversation is provided via the CapTel operator using the latest in speech-to-text technology similar to what is used in many voice recognition captioning systems and as commonly seen on TV. The result is a seamless blending of voice and text with no interaction with an operator for either party.

In April 2003, the first month of the trial, Minnesota had 47 trial participants. The participants placed a total of 1,067 CapTel phone calls and averaged 64 conversation minutes per person.

By December 2003 the number of trial participants had increased to 118 and the total number of CapTel phone calls for that month was 3,353. The most encouraging indication of CapTel's success is that trial participants averaged over 100 conversation minutes per person during December.

Overall response from trial participants has been very positive as indicated by the following testimonials from Minnesota CapTel trial participants:

"It is so nice to be able to read the captioning with my partial hearing so I can carry on a conversation with loved ones. Thank you."

"I am making calls that I haven't made for years and I am so comfortable on the phone. My friends are amazed!"

"Love the fact that I don't have to say "Sorry, I am hard of hearing I didn't understand what you said. It has made me want to use the phone more and am more sure of myself."

"I no longer have to ask other people to take the phone because I was unable to hear/understand what the party wanted. It is a very satisfying feeling to know that you are in control."

"Great to be able to hear and see at the same time. It's a super phone."

"I am so thrilled that I am able to be part of this new technology as a trial user. I will highly recommend it to other people."

"People calling me love using this service and appreciate the fact that they don't have to repeat as much as they did before when we communicated on the phone. It is a great experience for all involved. Opens up a whole new and better world of communication for the hard of hearing."

Data collected from the approximately 2,000 CapTel trial participants nation-wide indicates that over 40 percent of participants are between the ages of 40-60; an additional 25 percent are over the age of 60. Over 80 percent of trial participants use their residual hearing and almost 65 percent have never used relay service before.

CapTel is not presently mandated by the FCC and does not meet FCC TRS mandatory minimum standards.

A CapTel Call Volume chart is attached in Appendix C.

MINNESOTA RELAY OPERATIONAL STANDARDS

Communication Assistant (CA)

CA Employment Standards
The Minnesota Relay has established successful procedures to recruit qualified applicants for CA positions. The first step in the CA hiring process requires that applicants take a validated test that evaluates typing, language, and other skills. When an applicant passes the test, a human resources representative screens the applicant for oral communication skills and work availability. If the applicant passes this step, he/she is interviewed in person by an operations supervisor for specific job dimensions that relate to the success of a CA. If the supervisor recommends the applicant for employment, the applicant's references are checked. This process helps ensure that only qualified applicants are hired to work at the relay center.

CA Training Program
Training is adapted to each participant's learning abilities and incorporates lectures, visual graphics, flow charts, videos, role playing, and hands-on call training to stimulate the CA's ability to learn.

New hires receive training in Deaf culture, American Sign Language (ASL) translation, oral Deaf, and sensitivity to the needs of persons with hearing and speech disabilities by a qualified person who, if not deaf or hard-of-hearing, possesses extensive knowledge in this area. During the initial training, CA's are trained and evaluated on how to accurately reflect the TTY user's intent and on the CA's role in the relay process. CAs' performance based skills such as grammar, spelling and oral communication abilities are evaluated on an ongoing basis.

Additionally, applicants are given four written and hands-on evaluations. These evaluations demonstrate spelling ability, typing accuracy, ability to process calls using training terminals and "role-playing" ability in varying levels of ASL. CAs also receive extensive training on how to improve their interpersonal skills so that they can work effectively when confronted with difficult and stressful situations that may arise while processing calls.

A team of ASL fluent Sprint employees developed ASL training workbooks that are utilized by CAs for ongoing training. These workbooks have been designed to provide supplemental training and to assist CAs toward the mastery of ASL translation on relay calls.

Transmission of 60-WPM
All CAs must type a minimum of 60-WPM. Minnesota Relay utilizes an oral-to-type test that simulates actual working conditions. CAs are tested on an ongoing basis to ensure that a 60-word-per-minute performance requirement is maintained. During this test Minnesota Relay does not use technology-aided transmission to ensure the typing speed. The score earned by each CA is the actual words-per-minute typed.

Minnesota Relay also utilizes technological aides such as pre-programmed macros and auto-correcting software, along with the CA's natural skill, to provide optimal typing accuracy.

CA Quality Assurance Programs
(1) Individual Monthly Survey: Monthly surveys and formal reviews are used to monitor and evaluate the continuing training of CAs. The survey process is a product of a task force comprised of management staff who evaluate all areas of work performance, personal effectiveness and attendance. The survey process goals are to respond to customer feedback and provide CAs with clearly defined and objective performance measures. Two surveys are completed on each CA every month and include areas such as typing accuracy, spelling, conversational English/ASL translation, clarity/enunciation, caller control, and etiquette/composure.

(2) Quality Assurance Test Calls: To ensure that all CAs are focused on FCC requirements and state contractual commitments, supervisors from every Sprint relay center pair up to perform 10 scripted test calls each on alternate centers for a total of 700 annual test calls per center. After each call, the supervisors fax the survey form to the appropriate relay center for the CA to receive immediate feedback. This feedback and appropriate guiding performance measures for specific components are addressed with each CA.

(3) Account Management and Trainer Test Calls: The Sprint operations department and members of the Sprint account management team identify areas of concern based on customer feedback, state feedback, individual survey results and customer contacts. Approximately 300 test calls per month are conducted. Results are compiled and shared with operations' management. Based on results, trainers and management determine if refresher training is necessary and what method should be used.

Confidentiality and Conversation Content

1. Confidentiality Policies and Procedures
Understanding that measures to ensure confidentiality are crucial to the success of any TRS operation, Minnesota Relay uses procedural and environmental measures to safeguard customer and call information. In accordance with FCC regulations, all information provided for call set-up, including customer database and branding information, is confidential and cannot be used for any other purpose. The use of any information obtained during the processing of a call is strictly prohibited. After an inbound party disconnects, the CA loses the ability to view or access any information pertaining to that call. No written or taped information regarding the call is kept after the call is released from the CA position. After a call is terminated, billing information is transferred to billing files and is no longer accessible except for bill processing purposes.

No one is permitted to watch or listen to actual calls except CAs and supervisory staff for the purpose of relaying, assisting or monitoring a call, or for training purposes. CA work areas require security key card access and visitors are not allowed on the relay floor.

CAs perform their work in cubicles bordered by high sound-absorption acoustic tiles and wear special noise reducing headsets. CA workstations are arranged to minimize the number of cubicles that are side by side.

All relay center personnel are required to sign and abide by a confidentiality agreement, which is a promise not to disclose the identity of any caller or any information learned during the course of relaying calls. Employees are expected to abide by the confidentiality agreement during and after their employment.

The Minnesota Relay strictly enforces confidentiality policies, including the following:

(a) Communication Assistant (CA)

- Prospective CAs are screened in the interview process on issues regarding ethics and confidentiality. During initial training, CAs are presented with examples of situations that could be considered breaches of confidentiality.
- Stress can be a factor in maintaining confidentiality. Therefore, CAs receive training on healthy detachment. When a CA requires counseling due to a stressful call, they do not discuss any specifics about the call. The Minnesota Relay contracts with professional agencies to provide employees with the confidential assistance of professionally certified counselors.
- All claims of breach of confidentiality are fully investigated. If the investigation confirms that any employee committed a breach of confidentiality, the employee will be terminated.

(b) Building

- Relay center entrances and CA work areas are accessed with security keys.
- Visitors are not allowed in the CA work area.
- CA terminal screens are not visible from any window area.

Speech-to-Speech (STS) Limited Exception of Retention of Information
At the request of a caller, STS CAs will retain information from a call in order to facilitate the completion of consecutive calls. No information is kept after the inbound call is released from the CA position.

2. Verbatim Relay and the Translation of ASL
CAs relay everything that is said and everything that is heard and do not omit or censor any aspect of the relay call. CAs must convey the entire conversation, including profanity. Also, all conversation during initial call set-up and acceptance of charges from the called party is relayed. All comments directed to either party by the CA are relayed and typed in parentheses.

CAs type to the TTY user or verbalize to the non-TTY user exactly what is said, verbatim, when the call is first answered and at all times during the conversation, unless either user specifically requests summarization or ASL interpretation.

At the request of the relay user, CAs will translate written ASL into conversational English. All CAs are able to translate the typed languages of relay users whose primary language may be ASL, or whose written English language skills are limited, to conversational grammatically correct English. Training is provided on various levels of English/ASL translation during the initial training, and continually throughout a CA's employment. To successfully complete training, the CA must demonstrate competent skills to translate calls as requested.

Speech-to-Speech (STS) Facilitation of Communication
STS CAs receive training on how to facilitate STS communication without interfering with the independence of the user. STS CAs are evaluated monthly on their ability to facilitate calls without altering the content of conversations or compromising the user's control of the call. Relay users have full control of all of their calls.

Types of Calls

Minnesota Relay provides 24 hour, 7 day-a-week Telecommunications Relay Services (TRS) for standard (voice), Text Telephone (TTY), wireless, or personal computer (PC) users to place local, intrastate, interstate, and international calls. Minnesota Relay also processes calls to directory assistance, toll free and pay-per-call numbers. There are no restrictions on the duration or number of calls placed by a relay user.

The Minnesota Relay works in conjunction with the local exchange carriers enhanced services to provide additional functionality for users of TRS. The relay processes collect and person-to-person calls and calls charged to a third-party, as well as calls billed to prepaid and non-proprietary calling cards offered by local or interexchange carriers. Minnesota Relay also processes calls to, or from, restricted lines (e.g. hotel rooms and pay telephones).

When a call is placed through Minnesota Relay, a user is billed in the same manner that non-relay users are. Relay users are only billed for conversation time (which does not include call setup time, time elapsed between calls and wrap up time) on toll calls. Billing occurs within 60 days of the call date. Minnesota Relay users have the option of billing their calls to a non-proprietary LEC (local) or IXC (long distance) calling card, and will process calling cards offered by the user's carrier of choice if the carrier is a participant of Minnesota Relay's Carrier of Choice (COC) program, and as long as Feature Group D is at the carrier's access tandem.[5] Sprint works with the LECs and IXCs to compile and make available to all relay users a list of acceptable calling cards. The user's carrier of choice is responsible for providing call types and available billing options, and also handles the rating and invoicing of toll calls placed through the relay.

Minnesota Relay Features

- **7-1-1 Dialing Shortcut** – allows relay users to simply dial 7-1-1, nationwide, and be connected to the relay center in the state they are located.

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[5] Only IXCs that have entered into a collection and billing agreement with Sprint can provide their customer's access to long distance calling through the relay and are included in Feature Group D.

- **Access to 900 Service** – allows Minnesota Relay users to access 900 number pay-per-call services.

- **Access to Restricted 800/877/888 Numbers** – TTY users are able to reach, through the Minnesota Relay, regionally restricted 800, 877, and 888 numbers and business offices of local telephone companies that have special prefixes, all of which would normally be accessible to the TTY user in their calling area.

- **Answering Machine Retrieval** – TTY users can request a CA to retrieve messages from the TTY user's voice answering machine or voice mail.

- **ASCII Split Screen** – allows high-speed ASCII computer users and CAs to type and communicate more clearly and quickly. Similar to voice-to-voice conversation, ASCII Split Screen provides interrupt capability, when appropriate, for the ASCII user and the voice party.

- **Automated Number Identification (ANI)** – With ANI, the originating number appears automatically on the CA's monitor.

- **Branding of Call Type** – The Minnesota Relay has the ability to automatically record and store user's preferred custom calling information (e.g., Baudot, ASCII, voice, TTY, VCO, or HCO), which is determined by the most recent call placed by the relay user. The relay user's next call is then answered and set-up using automatically programmed information.

- **Call Blocking** – If desired, relay users are able to include in their customer database telephone numbers they want blocked. Call blocking prevents unwanted calls from being placed.

- **Caller ID** – Calls placed through the Minnesota Relay will provide the originating calling party number (ANI), or caller ID information, through the local exchange carrier for all local and most long distance calls.

- **Carrier of Choice** (COC) – allows relay users to choose their preferred carrier for intrastate, interstate, and international calls. This requires the user's COC to enter into a billing and collection agreement with Sprint.

- **Cellular/PCS Phone Access** – allows TRS cellular customers to reach the Minnesota Relay's toll-free number(s) to complete relay calls.

- **Customer Database** (CDB) – offers relay users numerous ways to automatically expedite the initiation of custom calls. These pre-selected customer calling features include, but are not limited to: communication modes (TTY, Voice, ASCII), carrier of choice, preferred billing method, frequently dialed numbers, emergency numbers, call block, etc.

- **Directory Assistance** – A CA will relay Directory Assistance (DA) calls between TTY users and the Local Exchange Carrier (LEC) DA operator. Once the caller makes the DA request, the CA will contact a LEC DA operator. After obtaining the number, the caller may choose to place the call through the relay or dial it directly, i.e., TTY to TTY. (Note: DA is often subject to charges by the caller's local telephone service provider.)

- **Deaf-Blind Transmission Speed** – A modification of the default transmission speed for Telebraille users. Instead of the default setting at 45 words per minute, the transmission speed has been reduced to 15 wpm, with system capability to increase or decrease transmission speed by 5-wpm increments.

- **Emergency Assistance** -- Although relay users are discouraged from placing 911 calls through the relay, calls *are* placed at the caller's request. Through Sprint's E911 database, CAs use a "hot button" to automatically place a call to the caller's nearest Public Safety Answering Point.

- **Enhanced Turbo Code (E-Turbo™)** - allows TTY callers to automatically submit dialing and call set-up instructions when they dial into Minnesota Relay. This significantly reduces the amount of time necessary for the CA to set-up and process the outbound call. The result is that the TTY caller is connected to their desired party at a speed that is functionally equivalent to that of a non-relay call. Not only are TTY callers pleased with the speed in which calls are processed, but due to the reduced call set-up time, there are also fewer billable minutes charged to the state for session minutes.

- **Error Correction** – This feature automatically corrects many typographical errors and spells out non-TTY abbreviations that may be used by the CA in voice-to-text transliteration.

- **Flexible Billing** – allows Minnesota Relay users to complete calls from anywhere in the world with a valid Minnesota third-party billing capability.

- **Gender ID** – This feature automatically matches relay user's gender with the gender of a CA. For example, the user has the option of allowing the Minnesota Relay to use the caller's Customer Database information to automatically match the CA's gender to their own.

- **Hearing Carry Over (HCO)** – A speech-impaired person with hearing capability may request Hearing Carry Over, which will enable the speech-impaired person to directly hear what the other party is saying and type back messages that will be spoken by the CA. HCO to HCO allows relay users access to HCO users at both ends of a relay call.

- **Hearing Carry Over to TTY** – allows HCO relay users to listen while the CA is reading/voicing TTY users' typed message. The HCO user types his/her conversation directly to the TTY user.

- **Intelligent Call Router** – Technology that automatically and seamlessly routes relay calls to the first available English or Spanish speaking CA in the network.

- **International Calls** – allows the relay user to place and receive calls to and from anywhere in the world (using English or Spanish languages only).

- **Internet Relay-** allows anyone with an Internet Service Provider account to make Internet Relay calls 24 hours a day, 7 days a week. Relay users are able to access Internet Relay from home, work, libraries, online cafes, Personal Communications Service handsets, and Personal Digital Assistant devices – anywhere with a computer and Internet access. There is no charge to use Internet Relay and even long distance calls are free. Internet Relay allows the user to make calls in English, Spanish, or French Creole, and also make two-line Voice Carry Over (VCO) calls.

- **Last Number Redial** – allows Minnesota Relay users to call the last person dialed through the relay without having to provide the last telephone number dialed to the CA.

- **Recording Machine Capabilities** – allows CAs to record and play back audio-text interaction messages to reduce numerous callbacks to convey entire messages to calling parties.

- **Roaming Services** – allows Minnesota Relay user's calls to originate and terminate outside of Minnesota.

- **Spanish Relay** – Spanish Relay works the same way that English speaking relay does. The CA can relay calls between two Spanish speaking persons, *or* between a Spanish speaking person and an English speaking person as long as at least one caller uses a TTY.

- **Speech Disabled Indicator** – The command (S) typed by a speech-disabled person would inform the CA that a speech-disabled person is on-line.

- **Speech-to-Speech** – allows a speech-disabled person to voice their conversation with assistance or have their conversation voiced entirely for them. A CA revoices the words of the person with a speech disability or revoices the user's speech synthesizer output to the called party.

- **Speech-to-Speech Spanish** – Spanish speech disabled relay users who prefer to use their voice with varying levels of assistance may call the STS relay number and request a Spanish speaking CA to revoice their call.

- **Transfer Gate Capabilities** – The relay's ability to transfer relay callers to English TTY Operator Service and English or Spanish relay 24-hour customer service.

- **TTY Operator Services** – Sprint's TTY Operator Service is available to complete a TTY to TTY call, obtain directory assistance information, or receive credit for erroneous billing. The toll free number is 1-800-855-4000.

- **Turbo Code Capability** – allows users to send information at the same speed it is typed, resulting in a more natural conversational flow and the ability to interrupt one another.

- **Two-Line VCO** – allows VCO users to communicate using a VCO phone or personal computer with ASCII capability and a second line with conference calling capabilities.

- **Variable Time Stamp Macro** – This macro enables the relay caller to know when their called party has disconnected from the call.

- **Voice Carry Over (VCO)** – allows hard-of-hearing users to speak directly to a hearing person. To process this type of call, the CA types what the hearing user says and allows the hard-of-hearing user to speak directly to a hearing person.

- **VCO to HCO** – allows VCO users to communicate directly with HCO users. The hard-of-hearing or deaf caller speaks directly to the speech-impaired person, and the CA then types what the speech-impaired person says to the deaf or hard-of hearing person.

- **VCO to TTY** – allows VCO users to communicate with TTY users through the relay when both parties are using TTY devices. To process this type of call, the CA types the VCO user's spoken message to the TTY user and the TTY user types directly back to the VCO user.

- **VCO to VCO** – allows relay access to VCO users at both ends of the relay call.

- **VCO-With-Privacy-and-No-GA** – allows VCO users to use the standard VCO feature without needing to say "Go ahead", or "GA." Additionally, the CA does not listen to the VCO user's spoken words. Ordinarily, VCO users need to say "GA" so that the CA knows that it is the other party's turn to speak. With this feature the caller and the called parties do not say "GA." The responsibility for taking turns when speaking rests entirely upon the calling and called parties because the CA does not hear what the VCO user says.

- **Video Relay Service (VRS)** – VRS enables the use of American Sign Language (ASL) in visual conversations over special phone terminals or computers with a video camera and high speed internet access. VRS allows callers to use ASL to converse with a video interpreter via a video link. The interpreter then translates ASL into spoken language or text for communications with standard voice or TTY users. VRS is yet